CREDIT APPLICATION

Thank you for your interest in our company’s products and services. We appreciate your business and look forward to a long and prosperous business relationship. Please complete this credit application and return to the below address, ***Attention: Credit Department***. Please note our credit terms. You will be advised shortly of your credit status with our company. Thank you.

*Our terms are 1/2% - 10 days – Net 30 days*

|  |  |
| --- | --- |
| Your Company Name: |  |
| Address (mailing) |  |
| Address (shipping) |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Phone: |  | Payables Contact: |  | Tax ID #: |  |
| Fax: |  | Year Established: |  | Credit Limit Desired: | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| Owners/Officers Name | Title | Business Status | |
|  |  | ☐ Proprietorship | ☐ Corporation |
|  |  | ☐ Limited Partnership | ☐ Partnership |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **BANK REFERENCE** | | | | | |
| Bank Name: |  | Account #: |  | Phone Number: |  |
| Bank Address: |  |  |  | Contact: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CREDIT REFERENCES** | | | | | |
| Company Name: |  | Acct #: |  | Phone # |  |
| Credit Address: |  |  |  | Fax # |  |
| Company Name: |  | Acct #: |  | Phone #: |  |
| Credit Address |  |  |  | Fax # |  |
| Company Name |  | Acct #: |  | Phone #: |  |
| Credit Address: |  |  |  | Fax #: |  |

Can we fax or e-mail invoices? ☐ YES ☐ NO If YES, e-mail:

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To Be Completed by Murphy and Nolan, Inc. AUTHORIZATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Branch: |  | Account #: | Approved by: | | |
| Territory: |  | Limit: |  | Date: |  |
|  |  |  |  | | |