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: |       |
|  |  |  |  |