



Credit Application and Agreement

Company Name: _____ Desired Credit Limit: _____

Division of (if applicable): _____

Primary Address: _____

City/State/Zip/Country: _____

Contact Name: _____

Email address: _____ Phone Number: _____

Billing Address: _____

City/State/Zip/Country: _____

Contact Name: _____

Email address: _____ Phone Number: _____

Shipping Address: _____

City/State/Zip/Country: _____

Contact Name: _____

Email address: _____ Phone Number: _____

Tax Exempt (If yes, tax exempt certificate attached) Yes No

Dunn & Bradstreet #: _____

Resale (If yes, state certificate of resale attached) Yes No

Federal Tax ID#: _____ State Tax ID#: _____

Years in business: _____ Proprietorship Partnership LLC Corporation Government

TRADE REFERENCES:

Company Name _____ Account # _____

Address _____ Phone # _____

City/State/Zip/Country _____ Email address _____

Company Name _____ Account # _____

Address _____ Phone # _____

City/State/Zip/Country _____ Email address _____

Company Name _____ Account # _____

Address _____ Phone # _____

City/State/Zip/Country _____ Email address _____

Minimum Ship Qty (default=4) _____

Ship Orders: Complete Partial

Ship orders: Together Separate

Cancel all backorders? Yes No

Client Agreement:

I certify that I am authorized to act on behalf of the customer listed above. I authorize the release of any information contained herein to obtain an account with LANDAU/WHITE CROSS. I understand that the information above, and any information contained on my business credit report will be used to make a credit decision. All information contained on this form is true and complete to the best of my knowledge.

If your account is opened, you agree to the following: All invoices will be paid within Net 30 days, a \$25.00 service fee will be charged for any returned payment and to reimburse LANDAU/WHITE CROSS for all costs associated with collections.

Signature _____

Title _____

Printed Name _____

Date _____