

Business Credit Application



Name/Address

| | | | |
|-------------------|--------|-----------------|-----------------|
| Last: | First: | Middle Initial: | Title |
| Name of Business: | | | Tax I.D. Number |
| Address: | | | |
| City: | State: | ZIP: | Phone: |

Company Information

| | |
|--|---|
| Type of Business: | In Business Since: |
| Legal Form Under Which Business Operates: | Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> |
| If Division/Subsidiary, Name of Parent Company: | In Business Since: |
| Name of Company Principal Responsible for Business Transactions: | Title: |
| Address: | City: State: ZIP: Phone: |
| Name of Company Principal Responsible for Business Transactions: | Title: |
| Address: | City: State: ZIP: Phone: |

Bank References

| | | |
|---------------------|--------------------|----------------------------|
| Institution Name: | Institution Name: | Institution Name: |
| Checking Account #: | Savings Account #: | Loan Acct #: Loan Balance: |
| Address: | Address: | Address: |
| Phone: | Phone: | Phone: |
| Contact | Contact: | Contact: |

Trade References

| | | |
|-----------------------|-----------------------|-----------------------|
| Company Name: | Company Name: | Company Name: |
| Contact Name: | Contact Name: | Contact Name: |
| Address: | Address: | Address: |
| Phone: | Phone: | Phone: |
| Fax #: | Fax #: | Fax #: |
| Account Opened Since: | Account Opened Since: | Account Opened Since: |
| Credit Limit: | Credit Limit: | Credit Limit: |
| Current Balance: | Current Balance: | Current Balance: |

We hereby apply for credit and affirm financial responsibility, ability and willingness to pay invoices in accordance with published terms. The above information is warranted to be complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, we hereby authorize you to verify and collect information on us, including but not limited to bank references, trade credit references, consumer and/or commercial credit reports. The financial institutions & trade references listed in this credit application are authorized to release necessary information to PULS, LP in order to verify the information contained herein. Our standard terms are Net 30 days with no discount. We agree to pay a monthly finance charge of 1.5% or the maximum allowed by law on all past due balances. We agree to pay all reasonable costs of collection and litigation on this account in accordance with the laws of the state of Illinois. We agree that all decisions with respect to the extension or continuation of credit shall be at the sole discretion of PULS, LP. It is acceptable to substitute a standard corporate credit information sheet for the financial information and trade references information, but this form must still be signed. Please compare the information with our form so that we have the information necessary to process your credit application in a timely manner.

Signature

Title

Date

Additional Address/Contact Information



Name/Address

Please circle what applies: ship to address bill to address

| | | | |
|-------------------|--------|-----------------|----------------|
| Last: | First: | Middle Initial: | Title |
| Name of Business: | | | e-mail address |
| Address: | | | |
| City: | State: | ZIP: | Phone: |

Please circle what applies: ship to address bill to address

| | | | |
|-------------------|--------|-----------------|----------------|
| Last: | First: | Middle Initial: | Title |
| Name of Business: | | | e-mail address |
| Address: | | | |
| City: | State: | ZIP: | Phone: |

Please circle what applies: ship to address bill to address

| | | | |
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Please circle what applies: ship to address bill to address

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| City: | State: | ZIP: | Phone: |