



# Confidential Credit Application

Please fill out all sections of this application.

Company Name:	Parent Company:		
Address:	City:	State:	Zip:
Phone Number: ( ) -	Fax Number: ( ) -		
E-mail Address:	Web Site Address:		
Contact: Mr. ( ) Ms. ( )	Tax Exempt? Yes, Exempt ( ) No, Not Exempt ( )		
If exempt, state why. (Must supply certificate) Blanket Exemption ( ) State Tax Resale Card Enclosed ( )			

## Owner Information

(Must be completed for all partnerships, sole proprietorships, and corporations in business less than 3 years.)

<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship	EIN:
Owners Full Name:			
Address:	City:	State:	Zip:
Owners Social Security Number:			
Partners Full Name (if Partnership):			
Partners Address:	City:	State:	Zip:
Partners Social Security Number:			

## Bank & Trade References

1. Company Name:	Contact:		
Address:	City:	State:	Zip:
Phone Number: ( ) -	Fax Number: ( ) -		
2. Company Name:	Contact:		
Address:	City:	State:	Zip:
Phone Number: ( ) -	Fax Number: ( ) -		
3. Bank Name:	Contact:		
Address:	City:	State:	Zip:
Phone Number: ( ) -	Fax Number: ( ) -		

I acknowledge that the terms offered by D.D. Bean & Sons Co. are Net 30 days from date of invoice. I agree to pay interest at a rate of 1.5% per month (18% per annum) for all invoices past due, and all reasonable costs of collection, including attorney's fees, in the event of my failure to pay. In consideration of the receipt of services by said firm, we the undersigned do hereby jointly and severally guarantee the payment by said firm. This is your authority to charge 1.5% per month (18% per annum) on all past due amounts. The below signatures also grant D.D. Bean & Sons Co. the right to check any factors pertinent to a fair evaluation of establishing credit.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_