



CREDIT APPLICATION / AGREEMENT

Legal Business Name: _____ Date Established: _____
 DBA: _____ How long in Business: _____
 Phone Number: _____ Fax Number: _____ E-Mail: _____
 Physical Address: _____
 City: _____ State: _____ Zip: _____ Website: _____

Type of Business: Corporation State: _____ Partnership Sole Proprietor
 Federal Tax ID: _____ Resale Number: _____
 Style of Business: MFG Distributor Reseller End User Service
 Does State, County or City require a License: Yes No If Yes, License#: _____
 A/P Contact: _____ Phone Number: _____ E-mail: _____
 Line of Credit Requested: \$ _____ D&B No. (DUNS No.): _____
 Fiscal Year End: _____

Officer(s) / Owner(s)

1. Name: _____ Title: _____ Address: _____
 2. Name: _____ Title: _____ Address: _____
 3. Name: _____ Title: _____ Address: _____

Trade References (Please give as many from our Industry)

Company Name: _____ Contact Name: _____
 Address: _____ Phone Number: _____
 City: _____ State: _____ Zip: _____ Fax Number: _____

Company Name: _____ Contact Name: _____
 Address: _____ Phone Number: _____
 City: _____ State: _____ Zip: _____ Fax Number: _____

Company Name: _____ Contact Name: _____
 Address: _____ Phone Number: _____
 City: _____ State: _____ Zip: _____ Fax Number: _____

Bank References

Bank Name: _____ Contact Name: _____
 Address: _____ Phone Number: _____
 City: _____ State: _____ Zip: _____ Fax Number: _____
 Account Type: _____ Account Number: _____

Bank Name: _____ Contact Name: _____
 Address: _____ Phone Number: _____
 City: _____ State: _____ Zip: _____ Fax Number: _____
 Account Type: _____ Account Number: _____

Has the firm or any of its principals ever been bankrupt? Yes No

If Yes, explain: _____



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By signing this credit application/agreement, the individual executing this Application below on behalf of **said business**, individually and personally, represents and warrants to **Smith-Cooper International** that:

1) He/she is authorized to execute this Application on behalf of **said business**; 2) The information set forth in this application is accurate and complete; 3) In consideration for the extension of credit, **said business** promises to pay for all purchases within **Smith-Cooper International** terms; 4) Agrees to pay interest on any unpaid purchases, beginning 30 days after the payment due date, at the rate of 1.5% per month; 18% annum, or the maximum judicial rate, whichever is less.

In signing this application, **said business** agrees to all of the above and hereby grants permission for credit information to be verified by company(ies) and financial institution(s) that the **said business** has specified on this document.

In order for **Smith-Cooper International** to sell and continue to sell to **said business**, **said business** hereby represents and warrants that it is solvent and that it pays its obligations as they become due. The preceding represents and warranty will be deemed to be repeated in each purchase by **said business**.

Faxed documents will be deemed as original. The terms on this credit application/agreement overrides all other credit agreements.

Company Name: _____

Authorized Signature: _____ **Date:** _____

Signatory Name (Please print): _____ **Title:** _____

This application must be completed in full in order to be processed.
Please fax this document directly to the credit department at (323) 890-4481
or mail it to 2867 Vail Ave. Commerce, CA 90040

For Smith-Cooper International Use Only

Terms Approved:	COD	Net30
Credit Amount Approved:		
<input type="checkbox"/> Taxable	<input type="checkbox"/> Resale	<input type="checkbox"/> Resale Card on File: Yes <input type="checkbox"/> No <input type="checkbox"/>