

GENERAL CREDIT APPLICATION

COMPANY INFORMATION:

Full Legal Name: _____

Corporation [] Partnership [] Proprietorship [] Other []

Nature of Business: _____

Mailing Address: _____

Tel: _____ **Fax:** _____ **Email:** _____

Credit Limit Requested: \$ _____ **Net 30** **PO Required:** [] YES [] NO

OWNERSHIP INFORMATION:

Director: _____ **Residential Address:** _____

CONTACT INFO:

Purchasing: Name: _____ Tel: _____
A / P: Name: _____ Tel: _____
Accounting Email: _____

REFERENCES:

Bank:
Name: _____ Account #: _____
Contact: _____ Tel: _____ Fax: _____

Trade:

NAME:	ADDRESS:	PHONE:

AUTHORIZATION:

Name: _____ Position: _____

Signature: _____ Date: _____

Please complete this form IN FULL – Incomplete forms will not be accepted

There will be a 15% per annum financing charge on all accounts that are outside the agreed terms.

I hereby authorize Mike's Computer Shop to obtain credit information from the listed sources

Authorized Person(s) For Equipment Pickup

Please fill in all person(s) authorized to purchase and pickup equipment signed for on the Company's account.

Person 1:

First Name _____ Last Name _____

Person 2:

First Name _____ Last Name _____

Person 3:

First Name _____ Last Name _____

It is the responsibility of the company purchasing on account to update Mike's Computer Shop if any person(s) is no longer authorized to purchase of pickup on the account.

Authorized Signature:

Please Print:

Full Name: _____ Position: _____

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