



CREDIT APPLICATION

BUSINESS CONTACT INFORMATION								
Company Name:				Parent Company (if applicable):				
Address:								
City:			State:		ZIP Code:			
Phone:		Fax:		E-mail:				
BILLING INFORMATION								
Accounting Manager:								
Phone:		Fax:		E-mail:				
Billing Address (if different):								
City:			State:		ZIP Code:			
Are P.O.'s required?		YES	NO	Send Invoices Via (circle one)		E-Mail	Hard Copy	Fax
BANK REFERENCE								
Bank Name:				Account Number:				
Address:								
City:			State:		ZIP Code:			
Phone:				Type of account:				
BUSINESS/TRADE REFERENCES								
Company Name:								
Address:								
City:			State:		ZIP Code:			
Phone:		Fax:		E-mail:				
Company Name:								
Address:								
City:			State:		ZIP Code:			
Phone:		Fax:		E-mail:				
Company Name:								
Address:								
City:			State:		ZIP Code:			
Phone:		Fax:		E-mail:				
AGREEMENT								
<p>All invoices are Net 15 (unless otherwise established). All overdue invoices shall accrue a 1.5% monthly finance charge until paid in full. Applicant by signing attests to financial responsibility and acknowledges reading and agreeing to all terms on this application. Signature below authorizes release of bank and trade information to The Script Specialists LLC for credit purposes only. This information is held in the strictest confidence. This document must be signed by the owner, corporate officer or other authorized personnel.</p>								
SIGNATURES								
Signature:				Date:				
Print Name:				Title:				