Polly Products
Commercial Credit Application

DATE _____

COMPANY NAME _____ TYPE OF BUSINESS _____

STREET ADDRESS _____ PHONE _____

BILLING ADDRESS _____ FAX _____

CITY _____ STATE _____ ZIP _____

PARENT COMPANY NAME _____ CITY _____ STATE _____

DATE BUSINESS STARTED _____ NO. EMPLOYED _____ ESTIMATED ANNUAL SALES _____ CONTRACTOR LICENSE NO. _____

PO REQUIRED? _____ TAX EXEMPT _____ TAX ID# _____ Please attach copy

PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION _____ State Incorporated in: _____

FOR PROPRIETORSHIP, PARTNERSHIP OR CORPORATION IF APPLICABLE
NAME OF OWNERS / HOME ADDRESS / CITY / STATE / ZIP CODE / SOCIAL SECURITY NO.

1. _____

2. _____

The information in this section may be used to obtain a personal credit report from a consumer reporting agency.

CREDIT REFERENCES (if more space is needed, please use back of page)

NAME	ADDRESS	PHONE #	FAX #
1.			
2.			
3.			
4.			

BANK NAME ADDRESS _____ PHONE # _____ ACCT # _____

If credit is granted, I/We understand that the terms of the sale are net 30 days from date of invoice. Polly Products may charge interest on any past due balance at the maximum rate allowed by law with said interest being calculated from the date of default. In consideration of Polly Products extending credit to the above business, I/We do hereby agree jointly and individually, to pay for all goods, wares and merchandise supplied to me or to any of us or the above business. In the event that the account is placed with a third party for collection, I/We agree to pay all costs including reasonable attorney fees, court costs and finance charges. I/We authorize Polly Products to investigate our credit history (both business and personal), bank references and any information deemed necessary to extend credit. I/We agree to: (i) immediately notify Polly Products in writing, delivered in person or by certified mail return receipt requested, of any change in ownership, form of business, or address, or the termination of a person's authority to incur charges under the account on behalf of the applicant; and (ii) indemnify Polly Products for any loss incurred thereby as a result of our failure to provide said written notice. This agreement shall remain in full force and effect until written notice of revocation is received by Polly Products.

_____ _____
Authorized Signature Date Authorized Signature Date

_____ _____
Print Name Print Name