

CPS

CREDIT APPLICATION

INVOICE TO:	SHIP TO:
Company Name: _____	Company Name: _____
Accounts Payable Contact: _____	On-Site Contact: _____
A.P. Address: _____	Address: _____
City: _____ State: ____ Zip: _____	City: _____ State: ____ Zip: _____
A.P. Tel: _____ A.P. Fax: _____	Tel: _____ Fax: _____
A.P. E-mail: _____	E-mail: _____

How long have you been in business? _____

Have you ever filed for bankruptcy? yes no if so, when _____

Requested Credit Limit: \$ _____ Non-Profit #: _____

Type of Business: Corp. Partnership Sole Proprietor Other _____

LIST THREE "NET 30" TRADE REFERENCES:	
Name: _____	In support of this application, Club Purchasing Service (CPS) is hereby authorized to obtain credit and/or financial information from my/our bank(s), other financial institutions or commercial firms with whom I/we have done business. It is understood that any such credit and/or financial information will be held in strict confidence and used only in consideration of this application.
Address: _____	
City: _____ State: ____ Zip: _____	
Tel: _____ Fax: _____	
Name: _____	Upon approval of this application, it is agreed that all purchases will be paid within 30 days from the date on the invoice. In the event that an invoice remains unpaid for 45 days then I/we give CPS permission to charge the credit card below.
Address: _____	
City: _____ State: ____ Zip: _____	
Tel: _____ Fax: _____	
Name: _____	Credit Card Number: _____
Address: _____	Expiration Date: _____
City: _____ State: ____ Zip: _____	Name as it appears on card: _____
Tel: _____ Fax: _____	Credit Card Statement Address: _____

	Signature of Cardholder: _____

(Complete Customer Section on page 2.)

CUSTOMER'S Bank Information

Customer Name: _____

Customer Address: _____

Bank Name: _____

Tel: _____ Fax: _____ Account #: _____

Street or P.O. Box: _____ City: _____ State: _____ Zip: _____

Account Representative: _____

I hereby authorize the above named bank to release the information requested by Club Purchasing Service pertaining to their experience with our account. I am an authorized signer for this account.

Name (Please Print)

Company

Signature

Title

Date



CHECKING ACCOUNT *(To be completed by **BANK**)*

Date: _____

To whom it may concern:

The above named customer has applied to us for credit on Net 30 terms. As your name is listed on their credit application, we would appreciate having the results of your experience recorded on the form below. Please be assured that any information you give us will be held in strict confidence and used solely by our Credit Department.

Please fax your response to **(732) 566-9004**. Thank you.

Opening Date: _____ Closing Date: _____

Average Balance: _____ Active: _____ Inactive: _____

Overdrafts (last 6 months): _____ Experience: _____

Comments: _____

Bank Rep. Name (Please Print)

Bank Rep. Signature