



COOPER SUPPLY, INC.

APPLICATION FOR CREDIT

NAME _____ PHONE NUMBER _____

BUSINESS INDIVIDUAL OTHER _____ FAX NUMBER _____

BILLING ADDRESS _____ CELL NUMBER _____

CITY _____ STATE _____ ZIP _____ EMAIL _____

PHYSICAL ADDRESS _____ YEARS IN BUSINESS _____

CITY _____ STATE _____ ZIP _____

PRIMARY CONTACT _____ ACCOUNT PAYABLE CONTACT _____

TYPE OF BUSINESS _____

ARE YOU TAX EXEMPT? Yes No (IF YES, ATTACH APPROPRIATE TAX RESALE OR TAX USE EXEMPTION CERTIFICATE)

TAX ID# OR SOCIAL SECURITY NUMBER _____ CREDIT AMOUNT DESIRED \$ _____

OPTIONS TO RECEIVE YOUR INVOICES & STATEMENTS-PLEASE CHECK/COMPLETE ONE

EMAIL: EMAIL ADDRESS _____

FAX: FAX NUMBER _____

MAIL: MAIL STATEMENTS ONLY-NO INVOICES NEEDED

BUSINESS OWNERSHIP (CHECK ONE) CORPORATION PARTNERSHIP INDIVIDUAL

NAME(S) OF PRINCIPALS/TITLE	COMPLETE ADDRESS	PHONE NUMBER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

INDIVIDUAL APPLICANT INFORMATION

DATE OF BIRTH _____ DRIVER LICENSE # _____ STATE _____

EMPLOYERS NAME _____ HOW LONG? _____

EMPLOYERS ADDRESS _____ PHONE _____

FINANCIAL INFORMATION

BANK NAME _____ CONTACT _____

BANK ADDRESS _____

PHONE _____ FAX _____

BANK NAME _____ CONTACT _____

BANK ADDRESS _____

PHONE _____ FAX _____

CREDIT REFERENCES

CREDIT REFERENCES SHOULD BE SUPPLY COMPANIES SIMILAR TO COOPER SUPPLY, INC.

EQUIPMENT AND VEHICLE LOANS, OR RENTALS ARE NOT ACCEPTABLE REFERENCES.

ALL INFORMATION REQUESTED BELOW IS REQUIRED

1. BUSINESS NAME _____ ADDRESS _____ ZIP _____

PHONE _____ FAX _____

2. BUSINESS NAME _____ ADDRESS _____ ZIP _____

PHONE _____ FAX _____

3. BUSINESS NAME _____ ADDRESS _____ ZIP _____

PHONE _____ FAX _____

4. BUSINESS NAME _____ ADDRESS _____ ZIP _____

PHONE _____ FAX _____

TERMS AND CONDITIONS

TERMS ARE NET 10TH EOM. ALL INVOICES BILLED ARE DUE ON THE 10TH OF THE FOLLOWING MONTH. ANY PAST DUE ACCOUNT IS SUBJECT TO A LATE CHARGE OF 1.5% PER MONTH (18% ANNUALLY). ANY PAST DUE ACCOUNT MAY BE PLACED ON CREDIT HOLD UNTIL THE ACCOUNT IS PAID CURRENT AND SATISFACTORY ARRANGEMENTS ARE MADE WITH OUR CREDIT DEPARTMENT. SHOULD COLLECTION OR REPOSSESSION OF THE ACCOUNT BECOME NECESSARY, THE ACCOUNT HOLDER WILL PAY ALL COLLECTION AND LEGAL CHARGES RELATED TO THE ACCOUNT.

I HAVE READ AND THE TERMS AND CONDITIONS AND AGREE TO ALL OF THESE TERMS AND CONDITIONS. I REPRESENT THAT ALL OF THE INFORMATION FURNISHED ON THIS CREDIT APPLICATION IS TRUE AND CORRECT AND THAT I AM AUTHORIZED TO FURNISH THIS INFORMATION ON BEHALF OF THE BUSINESS OR INDIVIDUAL APPLYING FOR CREDIT. I AUTHORIZE COOPER SUPPLY, INC. TO MAKE ANY CREDIT INVESTIGATION INCLUDING CONTACTING THE ABOVE CREDIT REFERENCES AND BANKS AND OBTAINING CREDIT REPORTS. I AUTHORIZE ALL CREDIT REFERENCES, BANKS AND CREDIT REPORTING AGENCIES TO DISCLOSE ANY AND ALL INFORMATION CONCERNING THE FINANCIAL AND CREDIT HISTORY OF THIS APPLICANT.

AUTHORIZED SIGNATURE: _____

PRINTED NAME: _____

TITLE: _____ DATE: _____

DO YOU REQUIRE PURCHASE ORDERS ON ALL INVOICES? YES NO

PLEASE LIST AUTHORIZED PURCHASERS ON THIS ACCOUNT:

