

# CREDIT APPLICATION



Desired Credit Limit:

## Business Information

Complete Business Name:

Address:

State:

Fax:

Federal Tax ID#:

Type of Ownership (Corporation, Partnership, Sole Proprietor)

Purchasing Contact:

Accounting Contact:

City:

Phone:

Zip:

Email:

Tax Exempt? (If yes, include resale card w/ application)

Yes  No

Member of Purchasing Group:

IMark  None  Other

Email:

Email:

## Principal Information

Name:

Title:

Controller/Financial Officer Name:

## Banking Information

Bank Name:

Account No.

Address:

Officer Contact

Phone:

## Business References

Name:

Phone:

Email

Name:

Phone:

Email

Name:

Phone:

Email

The information provided in this application is accurate and complete. You authorize Thrive Smart Systems, Inc., to verify the accuracy of all information contained in this application. Terms of payment are net 30 days from the date of invoice. In the event of late payment, the undersigned agrees to pay finance charges of 1.5% per month (18% per Annum), on the unpaid balance exceeding 15 days.

Signature

Print Name:

Title:

Please submit completed form to [info@thrivesmartsystems.com](mailto:info@thrivesmartsystems.com)