Credit Application

THRIVE
SMART SYSTEMS

Desired Credit Limit:

Business Information:

Complete Business Name: | City:

Address: | Phone:

State: | Zip:

Fax: | Email:

Federal Tax ID#: | Tax Exempt? ☐ Yes ☐ No

(If yes, include resale card w/ application)

Type of Ownership: (Corporation, Partnership, Sole Proprietor)

Member of Purchasing Group: ☐ IMark ☐ None ☐ Other

Purchasing Contact: | Email:

Accounting Contact: | 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 Send Completed Form to info@thrivesmartsystems.com

Phone 462-423-4718 ● www.thrivesmartsystems.com