



CREDIT APPLICATION CONFIDENTIAL OFFICE RECORD
WE NEED A LIST OF PEOPLE ALLOWED TO CHARGE ON THIS ACCOUNT
OR SALVO'S WILL NOT BE RESPONSIBLE FOR CHARGES ON THIS
ACCOUNT

Name of business _____ Cash _____ Credit _____
 Sales Tax # _____ P.O. Required? yes _____ no _____
 Address _____
 City _____ ST _____ Zipcode _____
 Phone # _____ Fax # _____
 Owners Name _____ Residence Phone # _____
 Residence address _____
 City, State, Zipcode _____
 Is business a sole ownership? _____
 Partnership? List partners _____
 Corporation? List Officers _____

 Former Trade style _____
 Former address _____
 City _____ State _____ Zipcode _____
 How long in business? _____
 With whom do you bank? _____ Account # _____

Name of Suppliers With Whom You Deal

1. Name of Firm _____
 Address _____
 City, State, Zipcode _____
 Phone Number _____ Fax # _____ *
 Highest Recent Credit _____
 2. Name of Firm _____
 Address _____
 City, State, Zipcode _____
 Phone Number _____ Fax # _____ *
 Highest Recent Credit _____
 3. Name of Firm _____
 Address _____
 City, State, Zipcode _____
 Phone Number _____ Fax # _____ *
 Highest Recent Credit _____

Terms are as follows: 2% 10 days, Net 30. Any payment not received by the end of the month will be considered delinquent. A 1-1/2% service charge will be assessed on all past due balances. Buyer expressly agrees to pay all cost of collection, including 33-1/3% of attorney fees incurred by seller. The undersigned hereby fully, absolutely, unconditionally, and irrevocably guarantees to Salvo, the obligations and liabilities of the above-named business, firm, or company to Salvo including, without limitation, the full and prompt payment (and not merely the collection) of any obligations and liabilities of the above-named business, firm, of company to Salvo. Please sign below that you agree to these terms.

 Owner/Partner/Officer of Corporation.

 Print Name

Please attach copy of signer's driver's license.