

CREDIT APPLICATION

Please print and complete this form. Fax to (913) 701-3330 or scan and email to [Sales@onhandsupply.com](mailto:Sales@onhandsupply.com)

According to company policy, no order can be shipped with terms until all credit references have been verified

# BUSINESS INFORMATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Contact Name / Title |  | | Date Established |  |
| Company name / DBA |  | | Proprietorship |  |
| Phone | Fax |  | | Partnership |  |
| Accounts Payable E-mail |  | | Corporation |  |
| Registered company addressCity, State ZIP Code |  | | Other |  |
| Tax exempt? |  | Bank name: |  | |
| Primary nature of business: |  | Bank addressCity, State ZIP Code |  | |
| Credit amount requesting: |  | Bank Phone | Fax |  | |
| What are your normal terms? |  | Account number |  | |
| Tax ID# |  | Type of account | Savings  Checking  Other | |

# BUSINESS/TRADE REFERENCES

|  |  |  |  |
| --- | --- | --- | --- |
| Company name |  | Phone | Fax |  |
| Address |  | E-mail |  |
| City, State ZIP Code |  | Contact |  |
| Company name |  | Phone |  |
| Address |  | Fax |  |
| City, State ZIP Code |  | E-mail |  |
| Company name |  | Phone |  |
| Address |  | Fax |  |
| City, State ZIP Code |  | E-mail |  |
| Company name |  | Phone |  |
| Address |  | Fax |  |
| City, State ZIP Code |  | E-mail |  |

# agreement

1. My signature below attests to the accuracy of this application and acceptance of the below terms
2. All invoices are to be paid 30 days from the date of the invoice. 1.5% per month on the unpaid balance
3. By submitting this application, you authorize OnHandSupply to make inquiries into the banking and business/trade references provided.

# SIGNATURE

|  |  |
| --- | --- |
| Officer, Partner, or Owner (please print) |  |
| Title |  |
| Signature |  |
| Date |  |