



CREDIT APPLICATION

Please print and complete this form. Fax to (913) 701-3330 or scan and email to 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		<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Phone Fax			
Accounts Payable E-mail			
Registered company address City, State ZIP Code			
Tax exempt?		Bank name:	
Primary nature of business:		Bank address City, State ZIP Code	
Credit amount requesting:		Bank Phone Fax	
What are your normal terms?		Account number	
Tax ID#		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> 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	