CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION			
Company name:			
Federal Tax Id:			
Phone:	Fax:	E-mail:	
Company address:			
City:		State:	ZIP Code:
Date business established/Incorporated:			
Sole Proprietor: ☐	Partnership: ☐	Corporation: ☐	Other: ☐

OWNER/OFFICER INFORMATION			
Owner/Officer Name:		Title:	SSN:
Home address:			
City:	State:	Zip:	
Telephone:	Fax:	Email:	
Email Invoices? Y N	Email Statements? Y N	Billing Email:	

BANK INFORMATION			
Bank name/branch:			
Bank Officer name:			
Telephone:			
Bank address:			
City:		State:	ZIP Code:
Type of account:	Account number:		

BUSINESS/TRADE REFERENCES			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

All invoices are due and payable by the 10th of the month following date of purchase.

Personal Guarantee: In consideration for the extension of credit by C.J. Horner, Co., I/We do personally l payments of sales, including service charges at the rate of 1.5% per month (unless relative law requires a lesser rate) and all collection costs, including reasonable attorney fees.

SIGNATURE(S)	
Name: Title: Date:	Name: Title: Date:

Please email completed applications to keli.greathouse@cjhornerinc.com or return in person to 105 W. Grand Ave., Hot Springs, AR 71901.