

Credit Application and Open Account Agreement



Date _____ Business _____

Email Address _____ Phone Number (____) _____ Fax _____

Name, title and direct phone line of person responsible for check writing decisions. _____

Shipping Address: Street _____ City _____ State _____ Zip _____

Billing Address: Street _____ City _____ State _____ Zip _____

Fed. Tax I.D.# _____ Type of Business _____ Date Established _____

Corporation _____ Proprietorship _____ Partnership _____ Limited Partnership _____

NAMES OF OWNERS, PARTNERS, OR OFFICERS

Name	Title	Residence Address	Phone	SSN
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Bank Name & Address: _____

Account # _____ Contact Name: _____

TRADE REFERENCES (Do not use: Utility Co., Credit Card Co. or Banks)

Name	Name	Name
_____	_____	_____
City _____	City _____	City _____
State/Zip _____	State/Zip _____	State/Zip _____
Fax No. _____	Fax No. _____	Fax No. _____
Phone No. _____	Phone No. _____	Phone No. _____
Account No. _____	Account No. _____	Account No. _____

TERMS AND CONDITIONS

Everything stated in this application is true and correct to the best of my knowledge. You are authorized to inquire of principle trade creditors, banks, or other credit references to check my credit and obtain such information as deemed necessary for evaluating this credit application. You are further authorized to answer questions from others about your credit experience with me.

It is agreed that if credit is extended to me, this account will be paid in accordance with stated regular terms of sale. I agree that failure to comply with your regular payment terms will result in `cash in advance_ or `C.O.D_ status, and any credit limit established will be withdrawn. It is further agreed that all past due amounts are subject to a 1-1/2% Service Charge per month, plus all costs of collection including attorney fees and court costs incurred. Returned material may be subject to a restocking charge unless the return is a result of an error on the part of Pressure Services., Inc.

Authorized Signature _____ Title _____

Printed Name _____ Date _____