

CREDIT APPLICATION

PLEASE PRINT OR TYPE

Company Name: _____ Date: _____
Address: _____ P.O. Box: _____
City: _____ State: _____ Zip: _____
Phone#: _____ Fax#: _____

Corporation Sole Proprietorship Partnership LLC

Soc.# or Fed I.D.#: _____ Duns# _____

Name of Owner(s): _____
Officer(s) and Title: _____

BANK REFERENCE

Name of Bank: _____ Acct#: _____
Address: _____ Manager: _____
City: _____ State: _____ Zip: _____ Phone#: _____

TRADE REFERENCES

Name: _____ Phone#: _____
Fax#: _____
Name: _____ Phone#: _____
Fax#: _____
Name: _____ Phone#: _____
Fax#: _____
Name: _____ Phone#: _____
Fax#: _____

Check Appropriate Box:

Is a Purchase Order Required? Yes No
Tax Exempt? Yes No (If yes, Please Include Blanket Exemption Form)

I (WE) AGREE THAT FOR AND IN CONSIDERATION OF THE EXTENSION CREDIT APPLIED FOR THAT ANY AMOUNTS NOT PAID WITHIN TERMS OF N30 UNLESS OTHERWISE SPECIFIED SHALL BEAR A SERVICE CHARGE OF ONE AND ONE HALF PERCENT (1 ½%) PER MONTH, EIGHTEEN PERCENT (18%) PER ANNUM, UNTIL PAID IN FULL.

APPLICANT FURTHER AGREES TO PAY ALL COST OF COLLECTION AND ANY COURT COSTS INCLUDING REASONABLE ATTORNEY FEES INCURRED BY *FECON, INC.* IN THE EVENT THAT ALL SUMS DUE ARE NOT TIMELY PAID.

THE UNDERSIGNED AGREES THAT ALL CREDIT EXTENDED SHALL BE DEEMED SUBJECT TO THE TERMS HEREIN AGREED TO.

Officer/Owner Signature: _____
Title: _____ Date: _____

Please email completed application to: ar@fecon.com

