

Net 30 Term Credit Application

Date: _____

Contact Information

Contact: _____

Email: _____

Phone: _____

Fax: _____

Company Information

Legal Name: _____

Address: _____

Trade Name: _____

Years in Business: _____

Billing address: _____

Circle one: Corporation Partnership Sole Proprietorship Government Non-Profit

Tax Exempt? yes no (if yes, please include exemption letter)

Name(s) and Title(s) of principal officer(s)/owner(s):

Bank References

Name: _____

Account No.: _____

Contact: _____

Phone: _____ Fax: _____

Credit Card No.: _____

Exp. Date: _____ CCV#: _____

Trade References

Firm name: _____

Phone: _____

Address: _____

Fax: _____

Firm name: _____

Phone: _____

Address: _____

Fax: _____

Firm name: _____

Phone: _____

Address: _____

Fax: _____

I understand and accept the following credit policies of The HomePort Collections:

1. Payment due upon receipt of invoice.
2. Invoices not paid within 30 days are subject to a 5% finance charge.

3. In the event the account is not settled within 30 days, I authorize The HomePort Collections to charge my total due and 5% finance charge to my credit card.

Authorized Signature _____

Date _____

Print Name _____

Title _____