



Customer Credit Application

This form must be filled out in its entirety. Our accounting department will not proceed with requested credit evaluation unless completed. ADVACO terms are net 30.

Customer Code: _____ Full Company Name: _____ Trade Name: _____ Billing Address: _____ _____ _____	Date: _____ Fed. ID #: _____ Accounting Phone: _____ Accounting E-Mail: _____ Accounting Contact: _____ Bankruptcy Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No Credit Amount Requested: \$ _____
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Customer Supplied Information	ADVACO Internal Use Only
1. Supplier Name: _____ Address: _____ _____ Phone : _____ Fax: _____ Attention: _____ Account #: _____	Date Sent: _____ <input type="checkbox"/> Faxed <input type="checkbox"/> Mailed Account Opened: _____ Terms: _____ Date of Last Sale: _____ Recent High Credit: \$ _____ Balance Due: \$ _____ Past Due: \$ _____ Account Current: <input type="checkbox"/> Yes <input type="checkbox"/> No Pay History: <input type="checkbox"/> Early <input type="checkbox"/> On Time Days Late: <input type="checkbox"/> 30-60 <input type="checkbox"/> 60-90 <input type="checkbox"/> 90-120 Other Information: _____
2. Supplier Name: _____ Address: _____ _____ Phone : _____ Fax: _____ Attention: _____ Account #: _____	Date Sent: _____ <input type="checkbox"/> Faxed <input type="checkbox"/> Mailed Account Opened: _____ Terms: _____ Date of Last Sale: _____ Recent High Credit: \$ _____ Balance Due: \$ _____ Past Due: \$ _____ Account Current: <input type="checkbox"/> Yes <input type="checkbox"/> No Pay History: <input type="checkbox"/> Early <input type="checkbox"/> On Time Days Late: <input type="checkbox"/> 30-60 <input type="checkbox"/> 60-90 <input type="checkbox"/> 90-120 Other Information: _____
3. Supplier Name: _____ Address: _____ _____ Phone : _____ Fax: _____ Attention: _____ Account #: _____	Date Sent: _____ <input type="checkbox"/> Faxed <input type="checkbox"/> Mailed Account Opened: _____ Terms: _____ Date of Last Sale: _____ Recent High Credit: \$ _____ Balance Due: \$ _____ Past Due: \$ _____ Account Current: <input type="checkbox"/> Yes <input type="checkbox"/> No Pay History: <input type="checkbox"/> Early <input type="checkbox"/> On Time Days Late: <input type="checkbox"/> 30-60 <input type="checkbox"/> 60-90 <input type="checkbox"/> 90-120 Other Information: _____
4. Supplier Name: _____ Address: _____ _____ Phone : _____ Fax: _____ Attention: _____ Account #: _____	Date Sent: _____ <input type="checkbox"/> Faxed <input type="checkbox"/> Mailed Account Opened: _____ Terms: _____ Date of Last Sale: _____ Recent High Credit: \$ _____ Balance Due: \$ _____ Past Due: \$ _____ Account Current: <input type="checkbox"/> Yes <input type="checkbox"/> No Pay History: <input type="checkbox"/> Early <input type="checkbox"/> On Time Days Late: <input type="checkbox"/> 30-60 <input type="checkbox"/> 60-90 <input type="checkbox"/> 90-120 Other Information: _____
5. Supplier Name: _____ Address: _____ _____ Phone : _____ Fax: _____ Attention: _____ Account #: _____	Date Sent: _____ <input type="checkbox"/> Faxed <input type="checkbox"/> Mailed Account Opened: _____ Terms: _____ Date of Last Sale: _____ Recent High Credit: \$ _____ Balance Due: \$ _____ Past Due: \$ _____ Account Current: <input type="checkbox"/> Yes <input type="checkbox"/> No Pay History: <input type="checkbox"/> Early <input type="checkbox"/> On Time Days Late: <input type="checkbox"/> 30-60 <input type="checkbox"/> 60-90 <input type="checkbox"/> 90-120 Other Information: _____

ADVACO Internal Use Only			
Inside Sales Representative: _____	Sales Representative: _____	Signature: _____	Date: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			