



BUSINESS CREDIT APPLICATION

office@usadefllc.com

Credit Limit Requested: _____

Business Name/Address

Name of Business:			Tax ID #:
Contact Name:			Title:
Physical Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Phone:	Fax:	Email:	

Company Information

Type of Business:	In Business Since:
Legal Form Under Which Business Operates: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Tax Exempt: <input type="checkbox"/> NO <input type="checkbox"/> YES	Tax Exempt #:
Accounts Payable Contact:	Email:
Address:	City: State: Zip:

Bank Reference

Institution Name:	Phone #:
Branch Location:	Contact:
Address:	City: State: Zip:
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

Trade References

Company Name:	Company Name:	Company Name:
Contact Person:	Contact Person:	Contact Person:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institution listed above to release necessary information to USA DEF, LLC for which credit is being applied for in order to verify the information contained herein.

All invoices will be sent via email, unless other wise requested.

CREDIT AGREEMENT: Terms, NET 10 DAYS following the date of invoice. Finance charge after due date at a rate of 18% per annum on the unpaid balance.

Signature

Date