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CREDIT APPLICATION

Company Name _____

Company Description _____

How Long in Business? _____

Federal ID # _____

Business Structure S-Corp C-Corp LLC LLP Sole Proprietorship Other: _____

Billing Address _____

City _____

Facsimile _____

State _____

Zip Code _____

Telephone _____

eMail _____

Office Use Only

Approved By _____

Credit Limit _____

Date _____

Bank Reference:

Bank Name _____

Location _____

Account Number _____

Contact Name _____

Contact Phone _____

Local Business References:

Business Name _____

Business Name _____

Contact Person _____

Contact Person _____

Phone Number _____

Phone Number _____

Terms of Account:

1. Payments to be made upon receipt of statement.
2. Balances past 30 days will be subject to a 2% finance charge.
3. Customer will pay all costs and expenses relating to the enforcement of this agreement, including reasonable attorney's fees.

I (we), as principals of this organization do agree to the terms of this account and personally guarantee all payments.

Printed Name _____

Title _____

Signature _____

Date _____