



Credit Application

*This information is for our records only.
Please fill out form and fax to Plus IT, Inc. at 209-465-4695
or send via E-mail to accounting@plusitinc.com*

Company Information

Business Name: _____ Tax I.D. Number: _____
 Contact Name: _____ Type of Business: _____
 Title: _____ In Business Since: _____
 Address: _____ Legal Form Under Which Business Operates:
 Business Phone Number: _____ Corporation Partnership Proprietorship
 If Division/Subsidiary, Name of Parent Company: _____
 Accounts Payable Contact: _____ Phone: _____
 Email: _____ Fax: _____

Trade References

Company Name: _____ Contact Name: _____
 Address: _____ Phone: _____
 Fax: _____ Account Opened Since: _____ Current Balance: _____

Company Name: _____ Contact Name: _____
 Address: _____ Phone: _____
 Fax: _____ Account Opened Since: _____ Current Balance: _____

Company Name: _____ Contact Name: _____
 Address: _____ Phone: _____
 Fax: _____ Account Opened Since: _____ Current Balance: _____

I hereby certify that the information contained herein is complete and accurate. I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature: _____ Date: _____

Terms: Net 10 days

If payment is no received within 30 days a finance charge of 21%/1.75% monthly will be charged all unpaid balances. A fee of \$25.00 will be charged for insufficient funds and can contribute to the loss of credit terms. If the invoice is not paid and sent to collections, any fees associated with the collections process will be billed to the client.

Signature: _____ Date: _____

Thank You!
We look forward to doing business with you.