



## CREDIT APPLICATION

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

Phone \_\_\_\_\_

Resale \_\_\_\_\_

Fax \_\_\_\_\_

Federal ID \_\_\_\_\_

Other \_\_\_\_\_

Website \_\_\_\_\_

Check one:     Corporation     Partnership     Sole Proprietorship     Other

Date Business Began \_\_\_\_\_ Line of Business \_\_\_\_\_

Billing Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Name(s) of principal owner(s)** \_\_\_\_\_

Owner (s) Contact Information:

Name \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Accounting Contact Information:**

Name \_\_\_\_\_

Phone \_\_\_\_\_

E- Mail Address: \_\_\_\_\_

Special Billing Instructions \_\_\_\_\_

Amount Of Credit Requested \$ \_\_\_\_\_

## TRADE REFERENCES

(If you already have a form just attach)

Name \_\_\_\_\_ Credit Limit \$ \_\_\_\_\_ Terms \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ Credit Limit \$ \_\_\_\_\_ Terms \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ Credit Limit \$ \_\_\_\_\_ Terms \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_



## TERMS AND CONDITIONS

- 1) Customer agrees (Including all subsidiaries, divisions and affiliates of) to pay all invoices within terms and conditions.
- 2) Customer agrees to pay finance charges of 1.5% per month (an annual percentage rate of 18%) on all balances that are delinquent.
- 3) Customer agrees to pay FlashCo Manufacturing Inc. reasonable attorney fees, expenses, and costs if legal action is necessary in the collection of delinquent accounts, or in the event of any legal actions against Customer.
- 4) Claims arising from invoices must be made within (30) days.

## FLASHCO'S HASSLE-FREE RETURN POLICY

Customers returning a product within 30 days of purchase will receive a full refund. Any return desired after 30 days of purchase will be subject to a 20% restocking fee.

To qualify, the returned items must be:

- Standard (non-custom)
- In resalable condition
- In the original packaging (full boxes, units)
- Accompanied by/reference to the original invoice

In addition:

- The customer must contact their FlashCo CSR to initiate the process.
- The customer is responsible for arranging the return shipment of items back to FlashCo, as well as paying the freight charges for the returned shipment.
- The returned items are subject to inspection upon receipt at FlashCo.

FlashCo reserves the right to refuse any return after 30 days of purchase.

**By signing below, I understand that credit terms are Net 30 days from invoice date, and agree to pay according to those terms.**

**Print Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



## BANK INFORMATION

Company Name: \_\_\_\_\_

Date: \_\_\_\_\_

To Whom It May Concern:

Please furnish FlashCo Manufacturing a rating on my/our checking and/or savings account(s) and/or charge account with your firm for the purpose of establishing a charge account with their firm.

This form may be reproduced, faxed, emailed, or photocopied, and a copy shall be an effective consent as the original which I/we have signed.

Thank you,

\_\_\_\_\_  
CUSTOMER SIGNATURE

\_\_\_\_\_  
CUSTOMER SIGNATURE

Name on Bank Account: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Branch Location: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Contact: \_\_\_\_\_ Direct Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Checking Account No: \_\_\_\_\_

Savings Account No: \_\_\_\_\_

Loan No: \_\_\_\_\_

## FOR BANK USE ONLY

Date Account Opened: \_\_\_\_\_

Average Balance (Please circle one) Low Med High 3 4 5 6 (Figures)

Returned NSF checks: \_\_\_\_\_

Overdrafts: \_\_\_\_\_

Credit Card Balance: \_\_\_\_\_

Late Payments: \_\_\_\_\_

Is Deposit account relationship satisfactory: Yes or No

Deposit Remarks: \_\_\_\_\_

Is a line of credit available? \_\_\_\_\_ Loans? \_\_\_\_\_

Remarks: \_\_\_\_\_

Verified By: \_\_\_\_\_

**Please email back at your earliest convenience.**

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