



BUSINESS CREDIT APPLICATION

Instructions:

1. For more efficient processing, please complete all sections with as much detail as possible.
2. Application must be signed and dated by a principle or authorized officer.
3. Please return with a copy of your resale or tax exemption certificate.
4. Email completed application to accounting@idealblasting.com or fax to 828-274-0140.

BUSINESS CONTACT INFORMATION

Company Name:			
DBA's (if any):			
Contact Name:			
Phone:	Fax:	Email:	
Registered Mailing Address:			
City:		State:	ZIP Code:
Date business commenced:			EIN#:
Sole proprietorship:	Partnership:	Corporation:	LLC:
Owner/Partner/Officer's Names:			
Please provide a description of your business:			

BUSINESS AND CREDIT INFORMATION

Physical Business Address:			
City:		State:	ZIP Code:
How long have you been at the current address?			
Have you ever filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		ZIP Code:	City:
Type of account	Account #		
Checking			
Savings			
Other			

BUSINESS/TRADE REFERENCES		
Company Name:	Address:	Email or Fax (required)
	Years doing business with this company:	
Company Name	Address	Email or Fax (required)
	Years doing business with this company:	
Company Name	Address	Email or Fax (required)
	Years doing business with this company:	
Company Name	Address	Email or Fax (required)
	Years doing business with this company:	

Upon credit approval, our terms are Net 30. We require that a company credit card be provided for the initial order and until we establish credit for you. The credit card will also be used if payments by other means is not provided in a timely fashion. Your signature below authorizes us to charge your orders to the credit card provided below.

Visa [] MasterCard [] AMEX [] Discover [] Name on Credit Card: _____
 Card Number: _____ - _____ - _____ - _____ Expiration Date: ____/____/____ CVV Code: _____
 Signature of Cardholder: _____ Date: _____

By signing below, you authorize Ideal Supply Inc. or it's agents to proceed with processing your application for business credit. This processing includes contacting references provided and obtaining credit or other information necessary to determine payment history and creditworthiness. If approved, you agree to pay all invoices within net 30 terms. You agree that past due invoices may accrue interest and to be held liable for any legal or collection agency expenses incurred in the event that their involvement is required to collect money owed. You also authorize Ideal Supply Inc of any changes of ownership or legal structure of your business.

Please attach and return a copy of your resale or tax exemption certificate to accounting@idealblasting.com or fax to 828-274-0140.

Signature: _____ Printed Name: _____

Title: _____ Date signed: _____

For Office Use Only

BANK REFERENCE AUTHORIZATION

Date:
Customer Name:
Bank Name:
Bank Address:
City/State/Zip:
Bank Phone:
Account Number:

As an authorized agent, I hereby grant permission to release the below information to Ideal Supply Inc.

Signature:
Print Name:
Date:

FOR BANK USE ONLY

To Whom it May Concern:

Orders have been placed with us by the above client. They have given your bank as a direct reference. Please complete the below in order to process your client's request with out delay. You may return this form to accounting@idealblasting.com when completed. Thank you for your assistance.

Date Account Opened:	
Average Balance Maintained:	
History of NSF: [] Yes [] No	If yes, how many?:
High Credit Extended:	Line of Credit:
Current Loan Amount (if any):	
Completed By:	
Signature:	