



State Line Supply Company Credit Application

ALL SHIPMENTS WILL BE MADE CASH/COD UNTIL CREDIT IS APPROVED

Company Information:

DATE: _____

Business Name: _____

Billing Address: _____

City, State, Zip _____, _____, _____

Account Contacts: Buyer _____ Email _____

Principal Owners: _____

(or officers) _____

Type of Business (Check One):

Number of years in business? _____

___ Sole Ownership Are Purchase Orders required? _____

___ Partnership Phone # 1 _____

___ Corporation Phone # 2 _____

Email Address _____ Fax # _____

Website _____ Federal ID# _____

Number of Employees _____ Do you have branch locations? _____

Bank Name _____ Contact _____ Phone _____

How would you like to receive your Invoices? (Select ONLY one).

___ **Email** invoices to: Name: _____ Email Address: _____

___ **Fax** invoices to: Name: _____ Fax # _____

By choosing email or fax you will also be able to view your invoices online at no cost! US mail is still available but may carry a nominal "green" fee in the near future. We urge you to use our electronic invoice delivery service and enjoy lower costs and faster processing of your orders!

TRADE REFERENCES

Please list 3 references that you are currently doing business with.

Company Name	Address	City, State, Zip	Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Delivery Addresses: (If different from your billing address.)

TERMS

State Line Supply Company's terms of sale are NET 30 DAYS. Finance charges of 1.5% per month are added to invoices over 30 days. Any costs of collection shall be paid by applicant.

Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. State Line Supply is hereby authorized to investigate the credit references, principals, and credit reports of applicant.

Business Name: _____

Applicant Name: _____ Title: _____

Applicant Signature: _____ Date: _____

(Fax this application to Anne @ 814-362-7437)