



**CREDIT APPLICATION  
FORM**

**APPLICANT INFORMATION:**

Company Name:  
Address  
City State: Zip:

Billing Address (if different)  
City State: Zip:

Type of Business (check one):  Corporation  Partnership  Proprietorship  Other

Line of Business:  
FEIN #: Year Established: Number of Employees:  
Annual Sales: Website:

Estimated annual payments to Albion: \$ Line of Credit Requested: \$

Name of Corporate Officer (1): Title:  
Name of Corporate Officer (2): Title:  
Name of Corporate Officer (3): Title:  
Name of Corporate Officer (4): Title:

Accounting Contact(s): Tel: Fax: Email:

**REFERENCES:**

Bank Name: Bank Contact:  
Address  
City State: Zip:  
Account Number: Tel: Fax:

Reference (1): Fax/Email:  
Contact Name/Title: Account Number:

Reference (2): Fax/Email:  
Contact Name/Title: Account Number:

Reference (3): Fax/Email:  
Contact Name/Title: Account Number:

**ALBION CREDIT TERMS:**

Our invoices are due and payable upon receipt. A finance charge of 1.5% per month will be charged on all undisputed invoices over 30 days unless alternative credit arrangements have been agreed to in advance in writing between yourselves and Albion. Credit privileges subject to immediate suspension or revocation if any undisputed invoices are not paid within terms or if your balance due at any time exceeds Albion's approved credit limits. In the event that it becomes necessary for Albion to refer to a collection agency and/or attorney, all reasonable legal fees to be paid by yourselves. The undersigned certifies that the information shown above of this application to be true.

Further, I/We authorize Albion to whom this application is submitted, to investigate the references, statements or other data obtained from me/us or from any other source pertaining to our credit and financial responsibility.

The undersigned is duly authorized by the Company to sign this Credit Application Form and further agrees to the above credit terms and such other terms and conditions as are set forth in our Engagement Letter.

Signature: By/Name:  
Title: Date: