

Company Contact

Title

Phone / Extention

Email

## Application to Open an Account

Please complete in full so we may process without any delay.

Company Name

Telephone

### Billing Address

Address

City

State

Zip Code

Type of Business

D&B Number

Tax Exempt:      yes ☐      no ☐      Business Entity Type:    Sole Prop:      Corporation:      Partnership:      Other:

Exemption: If you have a sales tax exemption, please include the tax exemption certificate(s) with the application submission

### Business / Trade References

Bank Name

Bank Contact

Bank Phone

Bank Address

Credit Limit Requested

Company Name

1)

Contact

Phone

2)




3)




### Accounts Payable Contact Information

Account Payable Contact

Account Payable Phone

Account Payable Email

*This section is part of the application and should be completed as part of the application.*

*The applicant authorizes Forney, LP to obtain written or oral credit reports and all necessary information to investigate the applicant's credit history. The applicant further authorizes Forney, LP to investigate the applicant's credit status from time to time, which may require communications with the applicant by a third-party credit agency. Should this investigation prove unsatisfactory, Forney, LP may deem it necessary to limit or terminate credit arrangements*

*The extension of credit is subject to the following other conditions which the applicant hereby agrees to the following:*

*A. The applicant agrees to the standard terms of sale, net 30 days, and should the applicant, at some future time deviate from the creditor's term of sale, Forney LP reserves the right to terminate future extension of credit.*

*B. The applicant agrees to reimburse, indemnify, and pay seller all reasonable expenses and/or costs of collection fees incurred in the collection of the aforementioned delinquency.*

*We hereby certify that all information above is correct; and that we fully understand your credit terms and agree to the proper payment terms in consideration of extended credit.*

Business Name

Authorized Signature (required)

Date

Print Name

Signature of Officer

Date

Print Name