

COMMERCIAL CREDIT APPLICATION

Business Name	Contact Name
Address	Cell Phone #
City/State/Zip	Fax #
Business Phone #	Years Established
Owner Name	Incorporated ? <input type="checkbox"/> yes <input type="checkbox"/> no
Social Security #	Purchase Orders required? <input type="checkbox"/> yes <input type="checkbox"/> no

TRADE/BUSINESS REFERENCES

Company Name, Address & Phone #	Contact Name
1.	
2.	
3.	

BANK REFERENCES

Loan/Account Number	Contact/Phone Number
1. Checking	
2. Savings	
3. Credit Card	

PERSONAL REFERENCES

Name	Address	Phone/Cell Number
1.		
2.		
3.		

Credit Applications should be complete and signed by an authorized person, without any alterations, to enhance the timeliness of credit decisions.

Credit Terms - All invoices and statements are due and payable upon receipt. A service charge on the balance due at the monthly rate of 1.5%, which is an Annual Percentage Rate of 18%, will be added on all bills after the first day of the month following billing. Any billing discrepancies must be reported within 30 days of invoicing. Credit cannot be extended to accounts over 30 days in arrears.

Certification of Applicant - I certify that I have read and understand the Credit Terms and the information provided in this Application is true and correct. We believe our company is financially able to meet any commitments we have made and intend to pay promptly in accordance with the credit terms indicated above. I authorize Cape Gazette, Ltd. to make such inquiries as deemed necessary to investigate references and other sources pertaining to credit and financial responsibility of the Applicant and indemnify Cape Gazette, Ltd. and its agents from any liability resulting from their credit research. After 30 days from the time payment becomes due, Applicant hereby agrees to pay interest on the balance due at the monthly rate of 1.5%, which is an Annual Percentage Rate of 18%. Applicant further agrees to pay all collection fees, court costs, and an attorney fee of 25% of any balance due if Cape Gazette, Ltd. pursues collection through an attorney. These terms and conditions shall be governed and interpreted in accordance with the laws of the State of Delaware. Jurisdiction for litigation of any dispute arising out of or in connection with this Agreement shall be only in a court having jurisdiction located in Sussex County, Delaware, and Applicant consents to such jurisdiction.

Signature of Authorized Officer/Guarantor

Print name legibly

Print Title

Date

FOR CREDIT DEPARTMENT USE ONLY

TRADE/BUSINESS REFERENCES	Date requested	Results Attached	<input type="checkbox"/> yes	<input type="checkbox"/> no
BANK REFERENCES	Date requested	Results Attached	<input type="checkbox"/> yes	<input type="checkbox"/> no
PERSONAL REFERENCES	Date requested	Results Attached	<input type="checkbox"/> yes	<input type="checkbox"/> no