

APPLICATION FOR CREDIT



241 Wells Road
 Home, PA 15747
 (800) 468-5055 Fax: (724) 397-9165
 Web Page: www.zorkos.com e-mail: zmail@zorkos.com

DATE: _____

Company Name: _____

Mailing Address: _____

City, State, Zip: _____

Shipping Address: _____
 (If Different)

City, State, Zip: _____

Phone: () - FAX: () -

Type of Business: _____

Year & Date Business Established: _____ Years at Present Location: _____ EIN#: _____

Type of Organization: ___ Private Corporation ___ Public Corporation ___ Partnership ___ Individual

Officers:

Name	Position	Home Address	Phone

Bank Reference:

Bank Name	Contact	Phone Number	Account Number

Trade References:

Company Name	Contact	Phone Number	Account Number

IN MAKING THIS APPLICATION FOR CREDIT, THE CUSTOMER AGREES TO PAY ALL INVOICES WITHIN OUR TERMS, WHICH ARE, NET THE FIRST DAY OF THE FOLLOWING MONTH. STATEMENTS WILL BE SENT THE 1st OF THE MONTH, WITH PAYMENT BEING DUE BY THE END OF THE MONTH. ACCOUNTS THAT ARE 30 DAYS PAST DUE WILL BE SUBJECT TO A SERVICE CHARGE OF 1 1/2 % PER MONTH, WHICH IS AN ANNUAL PERCENTAGE RATE OF 18%. IN THE EVENT SUIT IS NECESSARY TO COLLECT ANY AMOUNT, THE CUSTOMER AGREES TO PAY THE SELLER'S REASONABLE ATTORNEY FEES AND COSTS INCLUDING ATTORNEYS FEES FOR APPEAL.

OWNER, OR CORPORATION OFFICER SIGNATURE: _____

SS#:

DATE: