



**CARPET
MAINTENANCE
SUPPLY**

CREDIT APPLICATION

OFFICE USE ONLY	
A	D
LET	TEL
DATE:	

ACCOUNT #
LIMIT \$
DATE:

COMPANY INFORMATION

NAME:			
ADDRESS:	CITY:	STATE:	ZIP:
BUSINESS PHONE:	FAX:	E-MAIL:	
TYPE OF OWNERSHIP: INDIVIDUAL <input type="checkbox"/>		PARTNERSHIP <input type="checkbox"/>	CORPORATION <input type="checkbox"/>
EST. DATE:			
OWNER(S):	DRIVERS LICENSE #:	S.S #:	HOME PHONE:
		D.O.B:	
CREDIT REQUESTED: \$	TAXABLE: YES <input type="checkbox"/> NO <input type="checkbox"/>	RESALE? (PLEASE PROVIDE COPY):	

BANK REFERENCES

BRANCH:	PHONE:
BRANCH:	PHONE:

CREDIT REFERENCES

COMPANY:	PHONE:
ADDRESS:	CONTACT:
COMPANY:	PHONE:
ADDRESS:	CONTACT:
COMPANY:	PHONE:
ADDRESS:	CONTACT:

TERMS

CREDIT CARD#:	EXP DATE:
IF MY ACCOUNT IS DELINQUENT FOR MORE THAN 60 DAYS I AUTHORIZE PRO LINE TO CHARGE BALANCE DUE TO MY CREDIT CARD ABOVE. INITIAL _____ SIGNED _____	
In order to permit Pro Line to consider terms of sale purchases made by the undersigned or its agents, herewith applied for, the undersigned acknowledges that each credit purchase invoice is due and payable within 30 days of purchase. Terms are 2%-10 net 30. A 2% finance charge will be added to all past due accounts. Should this account become delinquent and Pro Line incurs attorney's fees with or without the institution of the court or arbitration proceeding, the undersigned agrees to pay reasonable attorney's fees and all court and arbitration cost in connection with any proceeding.	
I HEREBY CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE	
DATE _____	SIGNED _____ TITLE _____

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