

**Credit Application**

Date: \_\_\_\_\_  New Account  Update

Name: \_\_\_\_\_

Trade Name or d/b/a: \_\_\_\_\_

Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Date Established: \_\_\_\_\_

Website Address: \_\_\_\_\_

Type of Business:  Corporation  Sole Proprietorship  Partnership  LLC State of Incorporation: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Purchasing Contact: \_\_\_\_\_ PO # Required:  Yes  NO

Phone: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Authorized Purchasers: \_\_\_\_\_

Name and Title of Registered Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Officer(s) / Owner(s):

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Are you sales tax Exempt  Yes  NO Sales Tax number (Please attach certificate): \_\_\_\_\_

Have you ever been bankrupt or had liens or judgments filed against you?  Yes  NO  
 If so, give details and date: \_\_\_\_\_

Have you ever had credit with us before?  Yes  NO  
 If so under what name? \_\_\_\_\_

**Banking Information**

Bank Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Checking Account #: \_\_\_\_\_

\_\_\_\_\_ Saving Account #: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Checking Account #: \_\_\_\_\_

\_\_\_\_\_ Saving Account #: \_\_\_\_\_

## Trade References

Reference #1 Name: _____	Account # _____
Address: _____ _____	Phone # _____ Fax # _____
Reference #2 Name: _____	Account # _____
Address: _____ _____	Phone # _____ Fax # _____
Reference #3 Name: _____	Account # _____
Address: _____ _____	Phone # _____ Fax # _____

## Credit Check Authorization

The undersigned hereby consent(s) to Ceiling Supply's use of a non-business consumer credit report on the undersigned in order to further evaluate the credit worthiness of the undersigned as principal(s), proprietor(s), and/or guarantor(s) in connection with the extension of business credit as contemplated by this credit application. The undersigned hereby authorize(s) Ceiling Supply, Inc. to utilize a consumer credit report on the undersigned from time to time in connection of the business credit represented by this credit application. The undersigned as (an) individual(s) hereby consent to use of such credit report consistent with the Federal Fair Credit Reporting Act as contained in 15 U.S.C.@1681 et seq..

Authorized Signature: _____	Date: _____
Printed Name: _____	Social Security # _____
Authorized Signature: _____	Date: _____
Printed Name: _____	Social Security # _____

## General Terms and Conditions

I (We) hereby request open account terms. Terms of Sale: Net 30 Days. Invoices not paid within 30 days subject to finance charge of 1-1/2% monthly (18% annually). Should it become necessary to refer the account for collection, I (we) jointly and severally further agree to pay all expenses of collection, including court costs and reasonable attorney fees:

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

## Personal Guarantee

The undersigned does hereby individually and personally guarantee to Ceiling Supply, Inc. the payment of all monies as may become due and owing by applicant. The undersigned further agrees to be bound by the terms and conditions of sale of Ceiling Supply, Inc. as set forth in this application, and that if Ceiling Supply, Inc. determines it to be necessary to turn any account balance over to a collection agency or attorney for collection/legal action, all collection costs, reasonable attorney fees and court cost shall be paid by the undersigned.

Name: _____	SSN: _____	Date: _____
Name: _____	SSN: _____	Date: _____

120 Boulder Industrial Drive  
Bridgeton, MO 63044  
314-739-6800

915 Elleta Boulevard  
Columbia, MO 65202  
573-256-4300

2109 Rust Avenue  
Cape Girardeau, MO 63703  
573-339-2010

3151 Cockrell Lane  
Springfield, IL 62711  
217-241-3800

Ceiling & Wall Supply  
1201 North 6th Street  
Paducah, KY 42001  
270-442-2563