



**CREDIT APPLICATION**  
PLEASE PRINT OR TYPE

COMPANY NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ BILLING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
CHECK ONE:  PROPRIETORSHIP  PARTNERSHIP  CORPORATION  
OWNER/PARTNERS/OFFICERS TITLE

TYPE OF BUSINESS OR PRODUCT/SERVICE: \_\_\_\_\_  
FEDERAL IDENTIFICATION NO. \_\_\_\_\_

**SUPPLIERS: PLEASE INCLUDE FAX NUMBERS**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_  
NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_  
NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_

BANK REFERENCE: \_\_\_\_\_ PHONE: \_\_\_\_\_  
CONTACT NAME: \_\_\_\_\_ BANK ACCT #: \_\_\_\_\_

HAVE YOU EVER PURCHASED FROM USA STRAPPING. BEFORE?  YES  NO  
IF YES, UNDER WHAT NAME OR TRADE STYLE? \_\_\_\_\_

WHEN? \_\_\_\_\_  
ANTICIPATED MONTHLY PURCHASES: \_\_\_\_\_ P/O REQUIRED FOR  
PAYMENT OF INVOICES YES  NO

SIGNED: \_\_\_\_\_  
TITLE: \_\_\_\_\_

APPLICATION MUST BE COMPLETED TO BE VALID. THE SIGNATURE OF THIS APPLICATION STATES: CUSTOMER HEREBY AGREES TO SUBMIT PAYMENT TO USA STRAPPING, LLC WITHIN THE TERMS STATED ON INVOICES GENERATED. CUSTOMER AGREES THAT ALL PRODUCTS RELEASED REMAIN THE PROPERTY OF USA STRAPPING, LLC, UNTIL INVOICE IS PAID IN FULL. COD OR CREDIT CARD (VISA, MASTERCARD, OR AMERICAN EXPRESS) WILL BE UTILIZED FOR ALL CONSUMABLE ORDERS UNDER \$100, AND PARTS ORDERS UNDER \$50.