



Precision Ladders, LLC

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Credit Application and Agreement

Company Name:	File #:
Street Address:	Phone:
City, ST Zip:	Fax:
Mgr of A/P:	Email:
Sales Tax Exempt? <input type="checkbox"/> Certificate# (Please attach copy):	

Preferred method of payment (Check one):

Credit Card Card Type: MasterCard Visa Discover American Express

Acct # _____ CV Code _____ Exp Date: _____

Name on Credit Card _____

Card Billing Address: Street _____

City _____ St _____ Zip _____

Open Credit (Complete ONLY for Net 30 terms) Credit Amount Requested: \$ _____

Business Type: Corp. Partnership Sole Proprietor Other: _____ State: _____ Year Established: _____

Owner(s) and/or partners:

Name	Home address	City, ST Zip	Home Phone

Trade References:

Creditor Name & Address	Phone	Fax
Bank Name & Contact:		

Conditions and Terms of Payment

The information furnished in this application will be held in strict confidence and used only for the purpose of credit by Precision Ladders, LLC (Creditor). Applicant authorizes Creditor to obtain written or oral credit reports from any reporting agency. Applicant further authorizes any bank or commercial business to give any and all necessary information to the Creditor that will assist Creditor in the credit investigation. If credit is extended, applicant agrees to pay for each purchase according to the terms of purchase, Net 30 days, or as shown on each invoice, statement or quotation. Applicant further agrees to pay a service charge of 1.5% per month on any overdue indebtedness from the date of default, except in those states where such charge is prohibited by law, in which case, instead of a service charge, interest will be assessed at the highest legal rate. Applicant agrees to pay all actual costs of collection including Creditor's attorney fees to collect any said indebtedness after default. If credit card has been selected above as the method of payment, Applicant authorizes Creditor to charge the agreed amount to the above referenced credit card account number.

Signed (Officer or Authorized representative) _____ Date: _____

Typed or Printed Name & Title: _____