



CREDIT APPLICATION

P O Box 2049 · Buckhannon, WV · 26201

Phone: (304) 472-8890 Fax: (304) 472-8897

NAME OF APPLICANT _____ SSN/FEIN _____

Billing Address _____

Physical Address _____

Telephone No. _____ Fax No. _____ E-mail Address _____

Tax Exempt No. or Direct Pay No. _____ (PLEASE INCLUDE COPY OF CERTIFICATE)

TYPE OF BUSINESS: _____ SOLE OWNER _____ PARTNERSHIP _____ CORPORATION _____

PRESIDENT: _____ ACCOUNTS RECEIVABLE: _____

VICE PRESIDENT: _____ ACCOUNTS PAYABLE: _____

Line of Business Or Employed By: _____ PO REQUIRED: YES _____ NO _____

CURRENT PROJECT:

PHYSICAL LOCATION: _____

OWNER: _____ PHONE NO. _____

BANK REFERENCES:

BANK _____ ADDRESS _____

Telephone No. _____ Fax No. _____

Checking Acct. No. _____ Savings Acct. No. _____

CONSTRUCTION LOAN WITH: _____ Loan Acct. No. _____

CREDIT CARD INFORMATION: (REQUIRED)

Number _____ Exp. _____ Visa _____ MC _____ Name on Card _____

CREDIT REFERENCES:

Supplier Name	Telephone No.	Fax No.
1.) _____	_____	_____
2.) _____	_____	_____
3.) _____	_____	_____
4.) _____	_____	_____

IN APPLYING FOR AN OPEN ACCOUNT, I UNDERSTAND PURCHASES ARE FOR TERMS PROVIDING FOR PAYMENT IN FULL WITHIN 30 DAYS OF INVOICE DATE. IF PAYMENT IS NOT RECEIVED WITHIN 45 DAYS OF INVOICE DATE, I AUTHORIZE J.F. ALLEN COMPANY AND ALCON LLC TO CHARGE THE CREDIT CARD IDENTIFIED ABOVE FOR THE BALANCE PAST DUE. FINANCE CHARGES OF 1 1/2 % PER MONTH (18% PER ANNUAL) WILL ACCRUE ON ALL PAST DUE ACCOUNTS.

I APPROVE THE RELEASE OF ANY CREDIT INFORMATION.

I CERTIFY THAT I AM AUTHORIZED TO SIGN THIS FORM ON BEHALF OF THE APPLICANT.

Signature and Title

Date