



P. O. Box 271609 Houston, TX 77277-1609
Phone: 866.926.7637 Fax: 866.333.2747

CREDIT APPLICATION

Business Information

(All Fields Required)

Type of Business: Corporation Non-Profit Proprietorship Partnership

Company:

Nature of Business:

Address:

City:

State:

Zip Code:

Years in Business:

Tax ID Number:

Phone:

Fax:

Accounts Payable Point of Contact (All Fields Required)

First Name:

Last Name:

Phone:

Ext:

Email:

Anticipated Weekly Order Volume (Required - Select One)

\$50-\$150

\$150-\$500

\$500+

Credit Card Guarantee

By providing credit card information to guarantee your credit application, we can extend credit to you immediately. If you do not have access to a credit card to secure your account, please fill out the Detailed Information on the next page, and your application will be processed within 5 business days.

Card Type:

Card Number:

Exp. Date (mm/yyyy):

First Name:

MI:

Last Name:

Billing Address:

City:

State:

Zip:



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Detailed Information

If you are unable to provide a credit card guarantee above, please complete the following information in full. Your credit application will be processed within 5 business days of receipt.

DUNS Number:

Bank Reference

Bank Name:
Branch:
Contact First Name:
Contact Last Name:
Checking Account #:
Savings Account #:
Phone: Ext:

Trade References

Business Name:
Contact First Name:
Contact Last Name:
Physical Address:
City: State: Zip:
Phone: Ext:

Business Name:
Contact First Name:
Contact Last Name:
Physical Address:
City: State: Zip:
Phone: Ext:

Has your company every filed for bankruptcy? No Yes

If Yes, Reason:



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IF CREDIT IS EXTENDED AS A RESULT OF THIS APPLICATION, YOU HEREBY ACKNOWLEDGE AND AGREE TO THE FOLLOWING: All accounts owed are due immediately upon receipt of invoice unless other terms have been arranged in writing with OrderCorner's Credit Manager. If payment is not received within 30 days of invoice date, your account will be considered delinquent, and subject to loss of credit privileges. Additionally, a 1.5% finance fee will be applied monthly for the total amount outstanding.

In the event of delinquency, if you have provided a credit card with which to guarantee your account, the full amount outstanding will be charged to the card and you will be subsequently notified of the charge. A 3.0% processing fee will be applied to the total amount due, including any accrued finance charges.

In the event it is necessary to commence collection activities, you agree to pay collections agency fees and/or reasonable attorney fees, and all court costs. By submitting this application, you agree to allow OrderCorner to contact (if provided) your credit card provider, bank, and/or trade references to verify credit worthiness.

All information is considered confidential and will be used for the sole purpose of obtaining credit from OrderCorner.

Signature: _____ Date: _____

Print Name: _____

**Please Complete Form, Print, Sign, and Fax to: OrderCorner Credit Manager at
1.866.333.2747**