



111 Temperature Lane
Statesville NC 28677
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APPLICATION FOR CREDIT

FIRM NAME _____
BILL-TO-ADDRESS _____
FIRM TELEPHONE NO. _____ FAX NO. _____

ACCOUNTS PAYABLE
SUPERVISOR _____ TELEPHONE _____
E-MAIL _____

ACCOUNT PAYABLE CONTACT _____ TELEPHONE _____
E-MAIL _____

DUN AND BRADSTREET NO. _____

TYPE OF BUSINESS: Corporation, Partnership, Sole Proprietorship (Circle One)
YEARS IN BUSINESS _____

TRADE REFERENCES:

NAME : _____
ADDRESS: _____
TELEPHONE #: _____
FAX #: _____
E-MAIL ADDRESS: _____

NAME : _____
ADDRESS: _____
TELEPHONE #: _____
FAX #: _____
E-MAIL ADDRESS: _____

NAME : _____
ADDRESS: _____
TELEPHONE #: _____
FAX #: _____
E-MAIL ADDRESS: _____

PLEASE FAX SALES TAX STATUS OF YOUR PURCHASE

CREDIT LIMIT YOU ARE REQUESTING _____

NOTE: FINANCE CHARGES OF 1 ½ % MONTHLY CHARGED TO LATE PAYMENTS.
ALL EXPENSES NECESSARY TO COLLECT PAST DUE ACCOUNTS, INCLUDING
ATTORNEY FEES, PERMITTED BY LAW, WILL
BE PAYABLE IN FULL.

PERSONAL GUARANTEE OF PAYMENT

I PERSONALLY GUARANTEE PAYMENT IN FULL TO THE ABOVE ACCOUNT, AND
AGREE TO THE TERMS OF SALE.

PRINCIPAL _____ PRINT NAME _____
TITLE _____ DATE _____