



CREDIT APPLICATION

Senco Construction
PO Box 651
Robinson, IL 62454
618-546-1485



Company Name _____

Billing Address _____

Phone () _____ Fax () _____

E-mail _____ Purchase Order Number Required? _____

Type of Business _____

Name of Owner _____

Individual () Corporation () Partnership () Other _____

State of Incorporation _____ Date of Incorporation _____

Federal Tax ID # _____ Duns# _____

Accounts Payable Contact _____ Phone : _____

Bank Name _____ Officer _____

Address _____ Zip _____

Credit Limit Requested: _____

Duration of Work: Ongoing _____ Project End Date _____

Trade References:

Name _____ Contact _____ Acct _____

Address _____ Phone () _____ Fax () _____

Name _____ Contact _____ Acct _____

Address _____ Phone () _____ Fax () _____

Name _____ Contact _____ Acct _____

Address _____ Phone () _____ Fax () _____

Applicant's signature attests financial responsibility, ability and willingness to pay invoices in accordance with the following terms: Net 30 days from date of invoice. In the event payments due under this agreement are not punctually paid upon demand, services, supplies or equipment rental supplied to customer will cease until account is current. The undersigned shall be personally responsible and guarantee for all invoices, reasonable costs and attorney's fees necessary for collection, and enforcement of this agreement.

Signature: _____ Date: _____