

# Credit Application

CI FlexPay



## Business Information

Social Security OR Federal ID# _____	Sales Tax# _____
Store Name: _____	DBA: _____
Address: _____	
City: _____	State: _____ Zip: _____
Phone: _____	Fax: _____ Email: _____
Date Business Started: ____ / ____ / ____	
Name Of Accountants / Bookkeepers: _____	

## Owner Information

Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____	Fax: _____	Email: _____

## Previous Accounts

(Please List The Names Of Firms With Whom You Have Or Had An Open Business Account)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

In consideration for credit being extended, I or we acknowledge and agree to the following: 1) Payment is jointly, severally, individually and unconditionally guaranteed within credit terms of agreement; 2) any charges unpaid after the above 30 days are to be increased by a 1-1/2% carrying charge; 3) any charges still outstanding after 90 days from the date of delivery are subject to collection and all arbitration expenses, attorney's fees and court costs that will be incurred by the purchaser 4) title to all work shall remain with the creditor until all invoices and additional charges have been paid in full; 5) all claims, requests for adjustments, or notification of errors must be made within 30 days, or charges are considered accepted; 6) this agreement shall apply to all current and future charges unless revocation is received by registered mail within 30 days of this application; 7) credit privileges may be withdrawn at any time without invalidating the terms of this agreement; 8) you give us the authority to verify the above information in such a manner as we believe to be appropriate; 9) full payment is guaranteed by the individuals who signed as guarantors.

**CREDIT CANNOT BE EXTENDED UNTIL THIS FORM IS COMPLETED AND VERIFIED**

Individual Guarantee Signature: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Note: Both individual guarantee and authorized signatures MUST be signed before application is reviewed.** Terms and conditions depend on credit rating. Until your credit application has been processed for an open account, your shipments will be made on a C.O.D. / Credit Card basis. All accounts over 30 days past due are subject to C.O.D. shipments. No credit shall be issued after thirty (30) days after the date of invoice. CARDI International reserves the right to refuse shipment to any account whose account is past due. All service charges must be paid. A service charge of \$25.00 will be charged for any returned check.

**IF YOU WOULD LIKE TO AVOID THE CREDIT APPLICATION AND C.O.D. CHARGES, YOU MAY PUT A CREDIT CARD NUMBER ON YOUR ACCOUNT.**

TYPE OF CARD: VISA AMEX MC DISCOVER      CARD # \_\_\_\_\_      EXP DATE: \_\_\_\_ / \_\_\_\_

NAME ON CREDIT CARD: \_\_\_\_\_      CVV CODE: \_\_\_\_\_

SIGNATURE OF CARDHOLDER: \_\_\_\_\_