



P.O. BOX 804 · GAINESVILLE, VIRGINIA 20156  
540.347.4923 · FAX 540.347.3963

LOCATIONS IN WARRENTON, SPRINGFIELD,  
FREDERICKSBURG & STERLING



**APPLICATION FOR COMMERCIAL ACCOUNT (CONFIDENTIAL CREDIT INFORMATION)**

PLEASE TYPE OR PRINT CLEARLY & FAX COMPLETED APPLICATION TO 540-347-3963

INDIVIDUAL OR BUSINESS NAME

(dba) TRADE NAME

BILLING ADDRESS

PHYSICAL ADDRESS

CITY, STATE, ZIP

PHONE NUMBER FAX NUMBER

**BUSINESS FACTS**

PROPRIETORSHIP  PARTNERSHIP ( Gen  Ltd)  CORPORATION ( LLC) FED TAX ID # \_\_\_\_\_ LENGTH OF TIME IN BUSINESS \_\_\_\_\_ YRS

BLDG/FACILITIES:  OWNED  LEASED  RENTED REQUESTED CREDIT LIMIT \_\_\_\_\_

LESSOR/RENTOR (NAME) \_\_\_\_\_ NATURE OF BUSINESS \_\_\_\_\_

MORTGAGE/HOLDER (NAME) \_\_\_\_\_ PREVIOUS BUSINESS NAME \_\_\_\_\_

**CORPORATE OFFICER(S) OR INDIVIDUAL(S) INFORMATION**

Please include additional officer or partnership information on page 2.

**ACCOUNTS PAYABLE INFORMATION**

Contact for payment information.

NAME AND TITLE

ACCOUNTS PAYABLE CONTACT TITLE

HOME ADDRESS

ACCOUNTS PAYABLE PHONE NUMBER

CITY, STATE, ZIP

TAX EXEMPT?  NO  YES (If so, please provide the proper format & number)

HOME PHONE NO.

PURCHASE ORDER NUMBER REQUIRED?  YES  NO

SOCIAL SECURITY NO. DRIVERS LICENSE NO.

IF PO IS REQUIRED, WHAT FORMAT? \_\_\_\_\_

**TRADE REFERENCES:**  SEE ATTACHED (A SIGNED & DATED CREDIT APPLICATION MUST ACCOMPANY ATTACHMENTS)

NAME	CITY/STATE	FAX/PHONE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

**TERMS OF AGREEMENT**

THE UNDERSIGNED ("PURCHASER/LESSEE") AGREES THAT ALL PURCHASES MADE BY ("PURCHASER/LESSEE") FROM THEROS EQUIPMENT, INC. OR ANY OF ITS SUBSIDIARIES AND AFFILIATED ENTITIES ("SELLER/LESSOR") ARE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS: (1) IN MAKING THIS APPLICATION FOR COMMERCIAL CREDIT, I / WE UNDERSTAND AND AGREE TO YOUR TERMS OF PAYMENT: NET 30 DAYS ON APPROVED ACCOUNTS. SERVICE CHARGE OF 1½% PER MONTH (18% ANNUALLY), ON ALL INVOICES / CONTRACTS NOT PAID WITHIN 30 DAYS. (2) PAYMENT IS TO BE REMITTED TO THEROS EQUIPMENT, INC. PO BOX 804, GAINESVILLE, VA 20156. (3) IF CREDIT IS GRANTED, A CREDIT LIMIT IS ESTABLISHED AND I/WE UNDERSTAND THE CREDIT GRANTED MAY BE SUSPENDED FOR, BUT NOT LIMITED TO, FAILURE TO MAKE TIMELY PAYMENTS. (4) IF CREDIT IS GRANTED AND COLLECTION THEREOF REQUIRES THE ASSISTANCE OF ATTORNEYS, I / WE AGREE THAT YOU RESERVE THE RIGHT TO BRING LEGAL ACTION IN WHATEVER JURISDICTION YOU DEEM INCLUDING BUT NOT LIMITED TO FAUQUIER COUNTY, VIRGINIA. IN THE EVENT THEROS EQUIPMENT, INC. FINDS IT NECESSARY TO TURN MY / OUR ACCOUNT TO A COLLECTION AGENCY OR AN ATTORNEY, I / WE AGREE TO PAY AN ADDITIONAL 30% OF THE AMOUNT DUE, PLUS THE SERVICE CHARGE AS A COLLECTION FEE. (5) ALL SHIPMENTS TO ANY SINGLE PROJECT SHALL BE CONSIDERED A SINGLE CONTRACT. (6) I / WE AUTHORIZE THEROS EQUIPMENT, INC. TO MAKE WHATEVER CREDIT INQUIRIES IT DEEMS NECESSARY IN CONNECTION WITH THIS APPLICATION. (7) THE CORPORATION / PARTNERSHIP AGREES THAT WHOEVER SIGNS THIS APPLICATION FOR CREDIT IS AUTHORIZED TO DO SO, UNLESS THEROS EQUIPMENT, INC. IS OTHERWISE NOTIFIED IN WRITING.

OFFICERS SIGNATURE

TITLE

PRINT OFFICERS NAME

DATE OF APPLICATION

