



Credit Application

P.O. Box 916
 Topeka, KS 66601
 (P) 785 233-7411
 (F) 785 233-5276
 donna@salisburyco.com

PRIMARY INFORMATION:

Applicant's Business Name:		Phone:	Fax:
Billing Address	City, State		Zip
Shipping Address	City, State		Zip
Type of Business	Accounts Payable Contact	Statement Required Y/N	Do you prefer your invoices:
	E-mail Address	PO Number Required Y/N	Faxed ___ Emailed ___ Mailed ___
Date Business Started	Tax Exempt Y/N	Partnership _____	Corporation _____ Fed ID #
County	If YES enclose exempt certificate	Sole Owner _____	State of Corp. _____

PRINCIPLE INFORMATION: Required to Process Application

Principal's Name	Title	S/S#
Principal's Name	Title	S/S#

CREDIT REFERENCES: Please List Three

1. Name	Phone	Fax
Address	City, State	Zip
2. Name	Phone	Fax
Address	City, State	Zip
2. Name	Phone	Fax
Address	City, State	Zip

Applicant hereby authorizes above references to release all information relative to our credit arrangements to Salisbury supply Co., Inc.,
 114 SE Quincy St. Topeka, KS 66603

TERMS AND CONDITIONS: **Must be signed and dated for application to be accepted**

The above information is for the purpose of obtaining commercial credit only and is warranted to be true. I/we hereby authorize Salisbury Supply Co., Inc., to investigate all references and customary credit information sources regarding my/our credit & financial responsibility. All goods invoiced to Applicant by Salisbury Supply Co., Inc., shall be sold in reliance upon the information contained on this document. Application attests to financial responsibility, ability and willingness to pay the invoices in accordance with the company's terms and conditions in net 30 days from date of invoice, 1 1/2% per month service charge on past due balances.
 I/We Sign this credit application on behalf of applicant, and as an individual(s) personally guarantee payment of all present and further indebtedness including any collection cost incurred by Salisbury Supply Co., Inc.,

1st Officer PRINT	Date	Signature
2nd Officer PRINT	Date	Signature

OFFICE USE ONLY:

Approved by:	Approval Date:	Credit Limit:	Salesman:
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