



Spectrum Industries, Inc. **Attn:** Credit Department

Email: info@spectrumfurniture.com

Fax: 1-715-723-9002

Credit Application Company Information	
	Phone:
Address:	Fax:
	Fed ID Number:
	D&B Number:
City:	Year Business Est.:
	No. of Employees:
State/Province/Postal Code:	Annual Sales:
•	<u> </u>
Country:	Payment Method
	Prepay:
Please check one:	Credit requested:
	Amount requested: \$
Corporation Partnership Proprietorship LLC	· ' '
Parent Company Name and Address	
	╡.
Personnel Infor	mation
CFO/Controller Name:	Phone (office):
	Email:
Accounts Payable Contact:	Phone (office):
	Email:
Purchasing Contact:	Phone (office):
	Email:
Officers/Partners/I	Principals
CEO/President/Director/Owner Name:	Phone (office):
Address:	Email:
Vice President:	Phone (office):
Address:	Email:
Treasurer:	Phone (office):
Address:	Email:
Secretary:	Phone (office):
Address:	Email:

Please return to:

Spectrum Industries, Inc. **Attn:** Credit Department

Email: info@spectrumfurniture.com

Fax: 1-715-723-9002

* Trade and Bank References are required when requesting credit. You may attach company trade/bank references in lieu of completing these sections.

these sections.	
Trade References	
Please provide trade references	
Company Name:	Contact Name:
Location & website address:	Phone & Email:
Company Name:	Contact Name:
Location & website address:	Phone & Email:
Company Name:	Contact Name:
Location & website address:	Phone & Email:
Company Name:	Contact Name:
Location & website address:	Phone & Email:
Bank References	
Please provide bank references	
Bank Name:	Contact Name:
Address:	Phone:
City/State:	Email:
Bank Name:	Contact Name:
Address:	Phone:
City/State:	Email:
We, the undersigned, certify that the information provided here is true and correct. We understand that this information will be used by Spectrum Industries in establishing a line of credit. The undersigned agrees to Spectrum Industries, Inc.'s standard terms and conditions and that the payment terms for purchases on Spectrum approved credit shall be Net 30 days from the date of invoice and that invoices unpaid after 30 days will cause future orders to be delayed. If payment is not received when due, applicant agrees to pay a monthly service charge of 1.5% (18% annually) of the unpaid delinquent balance until the account is paid in full. In the event that the account must be placed for collection, applicant agrees to pay all costs and expenses of collection including reasonable attorney fees and expenses. Purchasing Terms & Warranty	
Company:	Date:
Authorized Signature	•
Name:	
Title:	

We can not process your application without an authorized signature and at least four quality trade references complete with phone and email addresses

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