



**Brock Supply Company – Tempe, AZ and Danville, VA**

P.O. Box 1000 • Tempe, AZ 85280-1000  
1-800-528-4400 • 1-480-968-2222 • Fax: 1-800-889-0431

**APPLICATION FOR CREDIT**

Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Type of Business \_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_ Partnership \_\_\_\_ Proprietorship \_\_\_\_ Incorporated (What State) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please list the email address you want your monthly statement sent to:**

E-mail Address \_\_\_\_\_

Other Companies with Same Owner \_\_\_\_\_

**OWNER(S) OR OFFICER(S)**

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

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

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

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Year Business Established \_\_\_\_\_ Present Location Since \_\_\_\_\_

Credit Amount Desired \$ \_\_\_\_\_

**CREDIT REFERENCES**

1) Name \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Contact \_\_\_\_\_

2) Name \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Contact \_\_\_\_\_

3) Name \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Contact \_\_\_\_\_

4) Name \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Contact \_\_\_\_\_

1. Terms are Net 30.
2. Statements are sent at the end of every month via email. Please be sure to supply us with a valid email address and to notify us of any changes.
3. Claims for adjustments or shortages must be made within seven days of receipt of goods.
4. Items returned for refund or replacement must be received within 30 days of purchase date and include a copy of the invoice.
5. Balances not paid within the 30 days will be subject to an interest charge of 1.5% per annum on unpaid balance.
6. In the event this account is placed with an attorney for collection; the applicant agrees to pay, in addition to the amount due, all cost of suit; plus reasonable attorney fees.
7. This application is subject to written approval by Brock Supply Company. Credit may be canceled or suspended at any time.
8. We/I, the undersigned, give Brock Supply Company authorization to obtain credit information from the references provided.

**I have read and I hereby agree to the above terms and regulations. Only signatures by Owner(s) or Officer(s) of the company will be accepted.**

Company Name \_\_\_\_\_  
 Name (printed) \_\_\_\_\_ Title \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Name (printed) \_\_\_\_\_ Title \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

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**FOR OFFICE USE**

Credit Limit \_\_\_\_\_ Class \_\_\_\_\_ Account No. \_\_\_\_\_  
 Approved By \_\_\_\_\_ Date \_\_\_\_\_ Sales ID \_\_\_\_\_  
 Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Current YTD \_\_\_\_\_ High Sales \_\_\_\_\_  
 Current Credit Limit \_\_\_\_\_ Prepaid Freight \_\_\_\_\_  
 \_\_\_\_\_ Customer Service \_\_\_\_\_ Sales \_\_\_\_\_ Notes \_\_\_\_\_ Letter \_\_\_\_\_