

Brock Supply Company

2150 E. Rio Salado Parkway • Tempe, Arizona 85281
P.O. Box 1000 • Tempe, AZ 85280-1000
1-800-528-4400 • 1-480-968-2222 • Fax: 1-800-889-0431

APPLICATION FOR CREDIT

Date _____
Company Name _____ Phone _____
Type of Business _____ Fax _____
____ Partnership ____ Proprietorship ____ Incorporated (What State) _____
Mailing Address _____
City _____ State _____ Zip _____
Shipping Address _____
City _____ State _____ Zip _____
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. Claims for adjustments or shortages must be made within five days of receipt of goods.
3. Items returned for refund or replacement must be received within 30 days of purchase date and include a copy of the invoice.
4. Balances not paid within the 30 days will be subject to an interest charge of 1.5% per annum on unpaid balance.
5. 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.
6. This application is subject to written approval by Brock Supply Company. Credit may be canceled or suspended at any time.
7. 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 _____

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 _____ RA Notes _____ Letter _____