



Customer Credit Application

This document is intended to collect basic information about your business and inform you of the credit policies of Carbon Express, LLC. Information provided is for internal use of Carbon Express only, and will be treated as confidential. **Please fax completed form to (813) 948-9129.**

Company Name _____			
Ship to Address _____			

City	State	Zip Code	
Phone Number _____	Fax Number _____		
Owner's Name _____	Federal Tax ID Number _____		
Primary Contact Name _____	Phone#: _____		
Primary Contact Email: _____			
Accounts Payable Contact _____	Phone#: _____		

Do you wish to use Visa, MasterCard or American Express for any purchases? If yes, please complete:

Visa _____	Mastercard _____	Discover _____	American Express _____
Cardholder Name _____			
Cardholder Billing Address _____			

City	State	Zip Code	
Card Number: _____	Exp Date: _____	Card Code: _____	

Do you wish to be invoiced for any purchases? If yes, please provide the following Credit References/ Please list two (2) credit references along with your bank. List complete business names, account number, contact name, phone and fax numbers. Bank information is required for processing.

1. _____

2. _____

Bank Name _____	Contact Name _____
Address _____	

Phone _____	

Accounts are considered due within 30 days (Net 30) of product ship date. Accounts past due are subject to 1.5% per month service charge. Accounts 60+ days past due are subject to COD or withhold of future deliveries. Accounts 90+ days past due subject to collection agency, collection costs and attorney fees.

I authorize Carbon Express, LLC, to bill my credit card for future authorized purchases.
 I authorize Carbon Express, LLC, to investigate the references listed as well as any others deemed necessary to analyze credit worthiness. I have read and agree to the above policies.

Signature _____ Title _____