



Elements for Life *Outside*.™

P.O. Box 1290 - Salem IL 62881 - 1-800-851-0865

CREDIT APPLICATION

To assure prompt processing of your credit application, please enter ALL information requested below:

Credit Application For: _____
Company Name: _____
Street: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____
Email Address: _____
Primary Business operation: _____ Years In Business: _____

Accounts Payable Email Address: _____

BUSINESS REFERENCES

Accounts with whom you have current, established open credit. **Fax numbers are required.**

Company Name: _____ Account Number: _____
Street: _____ Telephone Number: _____
City: _____ State: _____ Zip: _____ Fax Number: _____
Email Address: _____

Company Name: _____ Account Number: _____
Street: _____ Telephone Number: _____
City: _____ State: _____ Zip: _____ Fax Number: _____
Email Address: _____

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City: _____ State: _____ Zip: _____ Fax Number: _____
Email Address: _____

Company Name: _____ Account Number: _____
Street: _____ Telephone Number: _____
City: _____ State: _____ Zip: _____ Fax Number: _____
Email Address: _____

The undersigned as an inducement to grant credit warrants that the information submitted is true and correct. You are authorized to investigate the credit references listed above.

Signature: _____ Date: _____

Terms & Conditions: The above signed understands that credit terms require all invoices be paid within 30 days. A 1.5% late fee will be charged and collected on all invoices not paid within terms. If these terms are not met, the above signed further understands that the company represented here may be liable for additional fees and charges connected with collection.