

PUR-O-ZONE, INC.
P.O. Box 727, Lawrence, KS 66044
Phone: 785-843-0771 Fax: 785-843-0798

CREDIT APPLICATION

Business Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Type of Business: _____

Date established: _____ Federal ID# _____

Main account contact: _____

Accounts payable contact: _____

Tax exempt # (if applicable): _____

Trade References:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Bank Reference:

Name: _____ Phone: _____

Name: _____ Phone: _____

Terms are NET 30. Balances past 30 days are subject to finance charge, if applicable. Returned goods are subject to restocking charge. The applicant is responsible for any collection fees incurred in collection of the account. Signature on this form acknowledges acceptance of our terms.

Signature: _____

Print Name: _____ Title: _____