



**B. Stephen Cooperage, Inc.**

Complete Drum Reconditioning and Removal Service

PO Box 9537, Ontario, CA 91762

(909) 591-2929 Fax (909) 591-1811

**CREDIT APPLICATION FOR A BUSINESS ACCOUNT**

**Company Information**

Company Name \_\_\_\_\_ Phone: \_\_\_\_\_  
DBA (if different) \_\_\_\_\_ Fax: \_\_\_\_\_  
Delivery Address \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_  
Type of Company: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Limited Liability Company \_\_\_\_\_ Sole Proprietor  
Federal Tax ID# or Social Security Number \_\_\_\_\_ How long in business? \_\_\_\_\_  
State where incorporated \_\_\_\_\_ Number of employees \_\_\_\_\_  
Main Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_  
A/P Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Email \_\_\_\_\_ Website \_\_\_\_\_

**Bank Reference**

Name of Bank: \_\_\_\_\_ Bank Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Account# \_\_\_\_\_ Type of Account: \_\_\_\_\_

**Business/Trade References**

Please list three significant business relationships.

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ Email: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ Email: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ Email: \_\_\_\_\_

- (1) Has the company or any officer, partner, member, or owner ever filed for bankruptcy? Yes/No (If yes attach detail)
- (2) Has your company or any company that any officer, partner, member or owner been associated with as an officer, partner, member, or owner ever had credit with us before? Yes/No (If yes, under what name \_\_\_\_\_)

**AGREEMENT**

By signing below, I certify that I have the authority to bind the company to this agreement, and that I agree to creditor's terms of sale, also agree and accept that the credit limit and credit terms maybe changed or withdrawn at the sole discretion of the creditor. Creditor shall include creditor subsidiaries, related companies, and assigns.

The applicant understands that the terms of sale, including terms of payment and charges, for each purchase are agreed to be those specified on the face of each invoice. The customer hereby agrees to pay all costs of collection or legal fees should such action be necessary due to non-payment.

The information given herein is offered as part of a request by the applicant for an extension of credit for commercial business use. The information provided is represented by the applicant to be true, correct and complete. The Applicant authorizes Creditor to investigate all credit references and other sources pertaining to our credit and financial responsibility. The undersigned authorizes its banks and trade creditors to provide Creditor with complete information for the purpose of credit evaluation.

Applicant Company Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_