


**SERFAS® CREDIT APPLICATION**

2333 W. Utopia Rd.  
 Phoenix, AZ 85027  
 Ph: 623.888.5840 or 800.424.0047  
 Fx: 623.215.0407

Credit Line Requested \_\_\_\_\_

COD Company Check     Net Terms     New Application     Updated Application

**COMPANY INFORMATION**

COMPANY NAME _____				
ADDRESS _____		CITY _____	STATE _____	ZIP _____
PHONE _____				
<input type="checkbox"/> SUBSIDIARY	PARENT COMPANY _____			
<input type="checkbox"/> DIVISION - If checked, complete this section <input checked="" type="checkbox"/>	ADDRESS _____	CITY, STATE, ZIP _____		
<b>Check One</b>				
<input checked="" type="checkbox"/> Sole Proprietor				
<input checked="" type="checkbox"/> Corporation (State) _____ Incorporation Date _____				
<input checked="" type="checkbox"/> Partnership (info on all partners) _____				
<b>For Sole Proprietor, Partnership, or Non-Public Corporation; Complete the Following:</b>				
PRINCIPAL'S NAME _____		DRIVER'S LICENSE NO. _____		
EMAIL ADDRESS _____	<input checked="" type="checkbox"/> Check to OK receiving invoices via email	HOME TELEPHONE NO. _____		
USER NAME (for online orders) _____		MOBILE NO. _____		
USER PASSWORD (for online orders) _____		TAX ID # / SOCIAL SECURITY # _____		
<b>Bank Reference</b>				
NAME _____				
ACCOUNT NO. _____				
PHONE NO. _____				
<b>FOR BANK USE ONLY</b>				
Average Balance _____				
Account No / Officer _____				
Date Opened _____				

**Trade Reference (Major Supplier)**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Payment Terms \_\_\_\_\_ Loans \_\_\_\_\_ Credit Limit \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Customer No. \_\_\_\_\_
2. Name \_\_\_\_\_ Phone \_\_\_\_\_ Payment Terms \_\_\_\_\_ Credit Limit \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Customer No. \_\_\_\_\_
3. Name \_\_\_\_\_ Phone \_\_\_\_\_ Payment Terms \_\_\_\_\_ Credit Limit \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Customer No. \_\_\_\_\_
4. Name \_\_\_\_\_ Phone \_\_\_\_\_ Payment Terms \_\_\_\_\_ Credit Limit \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Customer No. \_\_\_\_\_

**\*\* A PHOTO COPY OF RESALE CERTIFICATE IS REQUIRED.**

All above information must be completed. Incomplete information will cause a delay on approval of credit

We understand that your invoices are payable and due on the terms agreed upon. We agree within these terms if granted and open account. Should this account ever become delinquent and it would be necessary to employ an attorney to collect or to commence suit to enforce payment, we agree to pay reasonable attorney fees and court costs, and other expenses incurred. There is a \$20.00 fee for all returned checks.

By signing this agreement, I/we authorize the release of credit and banking information by the reference listed above.

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

(Must be owner or officer)