

## APPLICATION FOR CREDIT

COMPANY NAME:		DIVISION OF:	
SHIP TO ADDRESS:		BILLING ADDRESS:	
CITY:		STATE:	ZIP:
YEARS AT CURRENT ADDRESS:		YEARS IN BUSINESS:	
<b>TYPE OF BUSINESS:</b>	SOLE PROPRIETORSHIP	CORPORATION	LLC
NAME of OWNER or PRESIDENT:		CELL PHONE of OWNER or PRESIDENT:	
EMAIL of OWNER or PRESIDENT:			
A/P CONTACT:		A/P EMAIL:	A/P PHONE & EXT:
<b>INVOICES TO BE SENT BY:</b>	EMAIL	USPS	

**Please provide FOUR companies your business has established credit with**

1   COMPANY NAME:			
POINT OF CONTACT:		EMAIL:	PHONE:
ADDRESS			
CITY	STATE	ZIP	
2   COMPANY NAME:			
POINT OF CONTACT:		EMAIL:	PHONE:
ADDRESS			
CITY	STATE	ZIP	
3   COMPANY NAME:			
POINT OF CONTACT:		EMAIL:	PHONE:
ADDRESS:			
CITY:	STATE:	ZIP:	
4   COMPANY NAME			
POINT OF CONTACT:		EMAIL:	PHONE:
ADDRESS:			
CITY:	STATE:	ZIP:	

**All invoices must be paid within 30 days of the date issued unless other terms are agreed on by TOMBSTONECITY  
Returns are subject to a restocking fee - No returns after 30 days – Special or Custom orders are NOT returnable  
You authorize inquiry into the business references provided within this application**

**COMPANY REPRESENTATIVE – PRESIDENT or OWNER ONLY**

SIGNATURE		TITLE
NAME		DATE