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Credit Application

(PLEASE PRINT CLEARLY)

Company name: _____ Phone: _____

Street Address: _____ Mobile phone: _____

City, State, Zip: _____

Email: _____ County: _____

Business type: _____ Years in Business: _____

Federal ID: _____ Tax exempt #: _____
(Attach tax exemption form if exempt)

Check One: Corporation Partnership Sole proprietorship
 Individual Government LLC LLP

Type of purchase control system:
 purchase order required?

Please list names of persons authorized: _____

Name of Officers/Owners:

Name: _____ Title: _____

Address: _____ City, State, Zip _____

Social Security #: _____ Home Phone: _____

Former/Present Affiliated Companies: _____

How related: _____

Ever File Bankruptcy? _____ If yes, give date, city and State _____

Name: _____ Title: _____

Address: _____ City, State, Zip _____

Social Security #: _____ Home Phone: _____

Former/Present Affiliated Companies: _____

How related: _____

Ever File Bankruptcy? _____ If yes, give date, City and State _____

Credit and Trade References:

Company Name: _____ Address: _____
Phone #: _____ Fax #: _____
Email: _____ Balance Due: _____ Contact person: _____

Name: _____ Address: _____
Phone #: _____ Fax #: _____
Email: _____ Balance Due: _____ Contact person: _____

Name: _____ Address: _____
Phone #: _____ Fax #: _____
Email: _____ Balance Due: _____ Contact person: _____

Bank: _____ Branch: _____ Acct.#: _____
Contact Person: _____ Phone #: _____
Fax #: _____ Email address: _____

The information contained in this application is provided for the purpose of obtaining or maintaining credit with you. The undersigned represents and warrants that the information provided is true and complete and that you may consider it as continuing to be true and correct until a written notice of a change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary including, but not limited to, pulling personal credit reports on any principal or owner of the company to verify that accuracy of the statements made herein to determine credit worthiness. The undersigned hereby agrees that any dispute arising out of this agreement or goods and merchandise ordered and delivered pursuant hereto will be governed and settled under applicable principles of Pennsylvania Law, under jurisdiction of Pennsylvania Courts and that venue in any such action shall be in the county of Fayette.

Applicant agrees that all accounts are due upon receipt of invoice. For unpaid amounts after thirty (30) days from the invoice date, applicant agrees to pay a finance charge of 1.5% per month or 18% annually on the unpaid balance. Merchandise may not be returned without prior authorization of CMS.

Applicant also agrees to pay any and all costs of collection, including collection agency fees, attorney fees, court costs, filing fees and service fees.

In consideration of CMS granting credit to the above named Company/Applicant, the undersigned company or person guarantees payment of all unpaid balances due in the event of default by the above named Company/Applicant. The undersigned Company/Guarantor agrees to abide by all terms and conditions set forth in this application.

Signed (full company name): _____

Applicant's Name (please print): _____

Applicant's Signature: _____

Date: _____

CMS use only:		
Date received: _____	Approved: _____	Declined: _____
by: _____		
Reason declined: _____		Credit Limit: _____