

PLETHORA

CREDIT APPLICATION

Legal Business Name:	Trade Name / DBA:	Phone:
Billing Address:		City, State ZIP
Business Is a: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other _____	Year Started:	State of Inc:
Federal ID #:	Web Address:	Dun & Bradstreet #:
Are you a: <input type="checkbox"/> Subsidiary <input type="checkbox"/> Division Parent Company:	Address:	City, State Zip
Do you require a purchase order # before we accept an order? <input type="checkbox"/> Yes <input type="checkbox"/> No Requested credit terms? <input type="checkbox"/> Net 30 <input type="checkbox"/> Other: Requested line of credit? <input type="checkbox"/> \$5K <input type="checkbox"/> Other:	Accounts Payable Contact:	Accounts Payable Email Address:

Bank Reference

Bank Name:	Contact Name:	Email / Phone:
Address:	City, State ZIP	Account Number:

Trade References

Reference #1	Contact Name:	Email / Phone:
Address:	City, State ZIP	Account Number:
Reference #2	Contact Name:	Email / Phone:
Address:	City, State ZIP	Account Number:

You represent you are an authorized representative with authority to enter into this agreement and the information contained in this Application and any attachment is true, correct and complete. You consent to Plethora obtaining information about you personally and the Applicant from credit reporting agencies and other sources Plethora deems appropriate in considering this Application. If credit is extended, you agree to be bound by all of the terms and conditions on Plethora's invoices and posted on Plethora's website.

Signature: _____ Name: _____
 Title: _____ Date: _____

Email this completed application to finance@plethora.com for consideration. If approved past due invoices are assessed a 2% late fee.