



**Office Use Only:**

**Terms:** \_\_\_\_\_

**Credit Limit:** \_\_\_\_\_

**Approved:** \_\_\_\_\_

**Sales Rep:** \_\_\_\_\_

## **CREDIT APPLICATION**

Customers are required to complete the form below and return same, along with all required attachments, to the contact person listed below. The content of this form shall be considered “confidential” and will be used in determining the credit worthiness of the applicant.

Please direct all inquiries regarding this form, and return the completed form and attachments by mail, fax or email to:

Company: Coronet Group/Coronet USA

ATTN: Credit Department

Street Address:

Telephone: 346-370-1462

Office Email: Coronet@coronet-scaffold.com

Email: Scott@coronet-scaffold.com

**DATE OF APPLICATION:** \_\_\_\_\_

**GENERAL INFORMATION:**

**Legal Name:** \_\_\_\_\_

**D/B/A – if applicable** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Type of Company** \_\_\_\_\_ **C Corporation** \_\_\_\_\_ **S Corporation**

\_\_\_\_\_ **Partnership** \_\_\_\_\_ **Sole Proprietor**

\_\_\_\_\_ **LLC** \_\_\_\_\_ **Other**

**Type of Business:** \_\_\_\_\_



Years in Business: \_\_\_\_\_ EIN (Federal ID): \_\_\_\_\_

**IMPORTANT: YOU MUST DESIGNATE WHETHER YOUR PURCHASES WILL BE TAXABLE OR NOT:**

TAXABLE \_\_\_\_\_

TAX EXEMPT \_\_\_\_\_ \*\* Attach sales tax  
Exemption certificate with Application

**COMPANY OFFICERS:**

NAME	TITLE	ADDRESS
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**ACCOUNTS PAYABLE CONTACT:**

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

**BANK INFORMATION:**

Bank: \_\_\_\_\_ Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Account #: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email for Contact: \_\_\_\_\_ **TRADE**

**REFERENCES:**

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**2. Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**3. Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

We have provided responses to all the questions in full and complete manners to assure that our responses are not misleading in any respect. We recognize that Coronet Group will be relying on the accuracy of the information provided in responses in this Application in deciding whether to establish credit to our Company.

My signature gives Coronet Group the authority to verify this bank information, and it signifies that I agree to pay terms of \_\_\_\_\_ with Coronet Group and I will be charged 1½% per month on past due invoices.

Name of Company: \_\_\_\_\_

Officer's Signature: \_\_\_\_\_

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