

Application for Credit

**Staying Home Corp. 1503 Vine Street, Harrisonville MO 64701**

**Phone# 816-380-2427**

In order to open an account for your company this application will need to be **signed** and returned to us. Pre-printed applications are acceptable; **however please make sure that your form answers all the items on this application.** Please include **fax numbers** for your references to expedite processing.

\_\_\_\_\_  
Name of Firm or Individual Phone Number

\_\_\_\_\_  
Street Address Fax Number

\_\_\_\_\_  
City, State, Zip Code

Type of Organization: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship

State of Incorporation \_\_\_\_\_ Federal I.D. # \_\_\_\_\_

Resellers tax ID# \_\_\_\_\_

Date Business Started \_\_\_\_/\_\_\_\_/\_\_\_\_ Business Activity \_\_\_\_\_

Annual Sales Volume \$ \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_ Second A/P Contact \_\_\_\_\_

List all Officers or Partners \_\_\_\_\_

\_\_\_\_\_  
Bank Name \_\_\_\_\_ Phone # \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_ Contact \_\_\_\_\_

List at least four Trade References- (Name, Address, Accounts Receivable contact, Phone & Fax #)

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

Amount of credit requested \$ \_\_\_\_\_ Please attach any information and documents you have to help establish your account.

We certify that all the information on this form is correct and we fully understand your credit terms are 50% down payment when put into production then net 30 days from ship date. Shipments will not be made to accounts over 45 days. Orders will be placed on hold at 60 days and credit will be terminated at 75 days. We further agree to be liable for all legal fees on invoices referred to a collection agency or attorney.

Dated \_\_\_\_/\_\_\_\_/\_\_\_\_ Signed by: \_\_\_\_\_ Title \_\_\_\_\_