

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 _____