

CREDIT APPLICATION

FAX# 812-479-0100

Online

EBN
1701 E. Columbia St.
Evansville, IN 47711

Phone 812-477-0077
Fax 812-479-0100
www.EBNinc.com



Business Name: _____

Bill to Address: _____
(Street or Box Number) (City) (State) (County) (Zip Code)

Telephone Number: _____ Fax Number: _____

Ship to Address: _____
(Street) (City) (State) (County) (Zip Code)

Telephone Number: _____ Fax Number: _____

Ownership: Sole Owner Partnership Corporation

Principals: _____
(Name) (Title) (Home Address)

(Name) (Title) (Home Address)

(Name) (Title) (Home Address)

Length of Time in Business: _____ Years: _____ Months: _____

Manufacturer Supplier Contractor Other

Type of Business: _____

Tax Exemption if Applicable: _____
(Please Attach Copy of Certificate)

Is this business affiliated or part of another business that is now on our books? _____

Bank References: _____
(Name) (Street) (City) (State) (Telephone #)

Trade References: _____
(Name) (Street) (City) (State) (Telephone #)

(Name) (Street) (City) (State) (Telephone #)

(Name) (Street) (City) (State) (Telephone #)

Applicant authorizes any supplier or bank to provide EBN all information requested about all accounts and obligations for which I or the company is a signatory. In consideration of extension of credit by EBN, I agree to terms of sale. Net 30 days of shipment, and to pay at the rate of 18% per annum interest on past due accounts plus costs of collection and attorney's fees of not less than 15% of the balance due.

I have read the above carefully and certify all the above stated is true and correct.

OFFICER

TITLE

DATE

Visit us on the WEB @ EBNinc.com