



35 S.W. 12th Ave. Ste 111 Dania, FL 33004
 (954) 922-8346 FAX (954) 922-8565
 email: info@eMICR.com

Credit Application

The undersigned company is applying for credit with **eMICR, LLC** and agrees to abide by the general terms and conditions of **eMICR, LLC** as printed on Page 2.

Date of application: _____ **Amount of credit requested: \$** _____

BUSINESS INFORMATION

Company Name: _____

DBA (if different): _____

Physical Address: _____

Phone: _____

General FAX : _____

Federal Tax ID or Social Security Number: _____

Type of Business: _____

No. of employees: _____

Year Business Established: _____

Website Address: www. _____

General Email: _____

DUNS # _____

Business Structure

Corporation

State of Incorporation: _____

Partnership

Sole Proprietorship

Division or Subsidiary

Name of Parent Co.: _____

COMPANY PRINCIPALS

CORPORATIONS: Names, titles, and addresses of your three chief corporate officers.

PARTNERSHIPS: Names and addresses of the partners.

SOLE PROPRIETORSHIPS: Name and address of owner.

Name: _____ **Title:** _____ **Address:** _____

Name: _____ **Title:** _____ **Address:** _____

Name: _____ **Title:** _____ **Address:** _____

BILLING INFORMATION

Billing Address

Name _____

Address/Suite # _____

City, State, Zip _____

Accts Payable Contact: _____

Email: _____

Accts Payable Direct Phone: _____

Accts Payable Direct FAX : _____

Authorized Purchasers: _____

TRADE REFERENCES

Reference #1

Name: _____

	Address:	
	Phone:	FAX:
	Acct. No:	Contact Name:
Reference #2	Name:	
	Address:	
	Phone:	FAX:
	Acct. No:	Contact Name:
Reference #3	Name:	
	Address:	
	Phone:	FAX:
	Acct. No:	Contact Name:
BANK REFERENCES		
Name of Bank:	Branch:	
Address:		
Phone:	Name to Contact:	
Checking Acct. No:		
AUTHORIZATION		
I hereby certify that the above information is true and correct and is given to induce eMICR, LLC to extend credit to the applicant. My company and I authorize eMICR, LLC to make such credit investigation as it sees fit, including but not limited to, contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to eMICR, LLC any and all information concerning the financial and credit history of my company.		
Company Name:		
Authorized Signature:	Title:	
Printed Name:	Date:	
GENERAL TERMS AND CONDITIONS		
<ol style="list-style-type: none"> 1. Terms are Net 30 days from date of invoice unless otherwise stated. 2. Invoices are sent out the day of shipment. 3. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department. 4. A service charge of 1.5% will be added to all amounts billed if not paid by due date. 5. Company agrees to pay all costs, charges, and expenses of collection, including reasonable attorney's fees incurred by eMICR, LLC, if account becomes delinquent and is placed in the hands of an attorney for collection. 		
I have read the terms and conditions stated above and agree to all of these terms and conditions.		
Authorized Signature:	Title:	
Printed Name:	Date:	