



# CREDIT APPLICATION

## **BILLING INFORMATION**

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

Business Phone: \_\_\_\_\_

Business Fax #: \_\_\_\_\_

PA Tax-Exempt #: \_\_\_\_\_  
(Copy of certificate required)

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

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

Please Circle One: Proprietorship          Partnership          Corporation

Accounts Payable Manager or Contact person: \_\_\_\_\_

Incorporation Date: \_\_\_\_\_ Years in Business: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

## **PERSONAL INFORMATION ON OFFICERS, PARTNERS OR GUARANTORS**

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

Social Security #: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

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

Social Security #: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

296 brodhead road

bethlehem, pa 18017

610.694.9800

610.694.9700 fax

info@clarkmedia.com

www.clarkmedia.com



**TRADE REFERENCES**

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

Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Contact: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Contact: \_\_\_\_\_

**INSURANCE INFORMATION**

Broker: \_\_\_\_\_  
Type of Insurance: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Amount applying to rented equipment: \_\_\_\_\_

**\*We require a certificate of insurance listing Clark Production Associates, Inc. as loss payee and additional insured.**

**COMPANY BANK REFERENCES**

Name of Bank: \_\_\_\_\_ Branch: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Contact: \_\_\_\_\_  
Checking Account #: \_\_\_\_\_  
Loan Account #: \_\_\_\_\_

Applicant authorized its bank(s) to release information to Clark Production Associates, Inc. for the purpose of establishing an open line of credit.

By: \_\_\_\_\_

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

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**TERMS**

All invoices are NET 30 days. As a condition of the credit agreement, a monthly service charge of 1.5% or the maximum permitted by law will be applied to all accounts not paid within 30 days of the due date. In consideration of the extension of credit terms, the undersigned does hereby absolutely, unconditionally and personally guarantee to Clark Production Associates, Inc. as they come to be due or accelerated whether such indebtedness and obligations exist on the date of this instrument or are incurred after such date. Applicant understands and agrees to meet Clark Production Associate's terms, to pay service charges assessed and to pay reasonable collection expenses, including a 25% attorney's fee in the event of default. The obligations hereunder shall be binding on the heirs, administrators, successor and assigns of the undersigned.

By: \_\_\_\_\_  
(Personally and Individually)

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

By: \_\_\_\_\_  
(Personally and Individually)

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

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