

Date Opened \_

Burks Accounting Dept: 301 Brushy Creek Rd, Ste. 100 512.401.2679

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## Credit Application and Agreement

Primary Business Name	Business NameBusiness Type				
Other DBA(s)	A(s)Business Type				
Phone					
Federal Tax No. (for corporations)_	ral Tax No. (for corporations) State Sales Tax Number				
TAX EXEMPT? Y N   Certificate	Attached? Y N N/A	PO needed? Y	N   Credit Limit R	equested?	
Mailing Address	(	City	State	Zip	
Shipping Address		_City	_ State	Zip	
Date Established		☐ Corporation	☐ Partnership	☐ Sole Proprietorship	
Contact Name	Phone_		Email Address		
Accounts Payable Contact	Phon	e	Email		
Principal(s), President, Owne	r or Chief Financial (	Officer:			
Name		Title	Home Ph	one	
Residence Address		City	State	Zip	
Name		Title	Home Ph	one	
Residence Address		City	State	Zip	
Bank References					
Name of Bank(s)	nk(s) Address		Phone		
Account Cre	edit Card	Account Numbe	r Ex	oiration Date	
Local Trade References					
Business Name		Contact	Name		
Account Number	umber Phone Fax				
Business Name	Contact		Name		
Account Number	Phone	Fax			
Business Name		Contact	Name		
Account Number	Phone	Fax			
AGREEMENT					
The undersigned hereby make following terms and condition invoice. All bills not paid with turned over to a collection agresponsible for all orders place 1.5% (18% annual) will be added balance is unpaid.	ns: Applicant agrees to pay ar hin thirty (30) days of stateme gency or attorney for collectio ed unless specified in writing	ny amount owed to B int will be considered in. The undersigned a at the time of the ord	URKS DIGITAL within the past due. All past due acknowledges this and der. FINANCE CHARGE:	hirty (30) days of the accounts may be agrees to be A finance charge of	
The undersigned jointly and severel as the guarantor shall withdraw his				he date below until such time	
Signature and Title (Authori	zed Principal or Office	r) X			
	Da	ted			
	FOR OF	FICE USE ONLY			
Salesperson Referred By					

Credit Limit .