

FlagZone, LLC  
105A Industrial Drive  
PO Box 526  
Gilbertsville, PA 19525-0526

Tel: 800-976-4201  
Fax: 800-862-7706

**CONFIDENTIAL CREDIT APPLICATION**

Note: All sections must be completed in full

**COMPANY INFORMATION**

Company Name \_\_\_\_\_

Bank \_\_\_\_\_ Account # \_\_\_\_\_

Officer \_\_\_\_\_ Phone \_\_\_\_\_

**OWNER INFORMATION** (Must be completed for all partnerships and sole proprietorships and corporations)

\_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship

Owners Full Name \_\_\_\_\_ Phone \_\_\_\_\_

Owners Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owners Social Security Number \_\_\_\_\_ Federal I.D. # \_\_\_\_\_

Partners Full Name (If Partnership) \_\_\_\_\_

Partners Address \_\_\_\_\_ SS# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**TRADE REFERENCES**

1. \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
(Name & Address)

2. \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
(Name & Address)

3. \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
(Name & Address)

I acknowledge that the terms offered by FlagZone, LLC are 1% 10 - Net 30 days from date of Invoice. I agree to pay interest at a rate of 1½ % per month (18% per annum) for all invoices past due, all reasonable costs of collection, including attorney's fees, in the event of my failure to pay. In consideration of the receipt of services by said firm, we the undersigned do hereby jointly and severally guarantee the payment by said firm. This is your authority to charge 1½ % per month (18% per annum) on all past due amounts. The signatures also grant FlagZone, LLC the right to check any factors pertinent to a fair evaluation of establishing credit.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_