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 Peoria, AZ 85382-4772
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 FAX 623-523-6008
 E-MAIL credit@antigua.com

APPLICATION FOR CREDIT

Date _____

Duns# _____

Estimated Annual Sales \$ _____

Firm Name _____

Address _____

City, State, Zip _____

Main Ofc. phone () _____

FAX phone () _____

Website Address _____

E-Mail Address _____

Corporation _____

(Officer's Names) _____

Partnership _____

(Partner's Names) _____

Do you want invoices and statements e-mailed. Yes No

Purchase Order Required Yes No

State Sales Tax# _____

Sole Proprietorship _____

Social Security# _____
(required if sole proprietorship)

In Business Since _____

Financial Statements: Attached being sent

A/C Payable Contact _____

Phone () _____

TRADE REFERENCES (Companies from whom you now purchase on an open account basis)

1. Name _____

Acct# _____ Phone () _____

Address _____

Contact Name _____

2. Name _____

Acct# _____ Phone () _____

Address _____

Contact Name _____

3. Name _____

Acct# _____ Phone () _____

Address _____

Contact Name _____

4. Name _____

Acct# _____ Phone () _____

Address _____

Contact Name _____

Bank _____

Address _____

Phone () _____

Checking Account# _____

Loan# _____

Officer's Name _____

TERMS AND CONDITIONS (Net 30 days unless otherwise determined or approved)

The undersigned hereby warrants that all information provided herein is, to the best of their knowledge, in all respects complete, accurate and truthful. I authorize The Antigua Group, Inc. to make inquiries to the above references for the purpose of determining credit worthiness. In addition, I also authorize the processing of a personal credit report for credit granting purposes if necessary.

The undersigned agrees, in reading this application, that all invoices will be paid according to payment terms on the invoice. If not paid on or before said date, the invoice(s) are delinquent. The undersigned also hereby agrees to comply with terms and conditions of sale as stated on price sheets and agrees to pay interest at a rate of 1.75% per month (21% annual percentage rate or the maximum rate permitted by law, whichever is less) on any past due balance and to pay all collection costs, attorney fees and court costs incurred in the course of collecting any past due balance. Any jury trials will be waived as part of this contract.

Signature _____

Date _____

Name _____

Title _____

(over)