

CUSTOMER INFORMATION

Company Name _____

Address _____

City _____ State _____ Zip _____

Contact Name _____ Title _____

Phone _____ Email _____

Hours of Operation _____

Billing Address (if different from above) _____

Billing Contact (if different from above) _____

How did you hear about Finley Industrial Services? _____

PAYMENT METHOD

Please select preferred payment method:

CREDIT CARD

COD

INVOICE (Recurring Customers Only)

**Credit Application on Page 2 & 3*

CREDIT CARD (3% processing fee)

☐ VISA

☐ MASTERCARD

☐ AMEX

Expiration Date _____

Security Code _____

Credit Card # _____

Name on Card _____

Address on Card (if different from above) _____

COD

☐ Cash or Check

To confirm this information with Finley Industrial Services, please sign, date and return to accounting@finleyindustrial.com or fax to 877-346-5390.

Printed Name: _____

Signature: _____ Date: _____

CREDIT APPLICATION ON PAGE 2 & 3



Industrial Services

APPLICATION FOR CREDIT

We hereby apply for the extension of credit by your firm. The following information is submitted as a basis for your consideration of our application. All information obtained will remain confidential.

Firm Name: _____ Type of Business: _____
D.B.A. (if different from above): _____
Street Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Toll Free: _____ Fax: _____
Accounts Payable Contact: _____ **E-Mail Address:** _____
Telephone: _____ **A/P Fax #:** _____
Billing address/PO Box: _____ City: _____
State: _____ Zip: _____
Please Check One: Individual ☐ Partnership ☐ Corporation ☐
Federal Tax ID No: _____
Date Business was Established: _____ State: _____
Dunn & Bradstreet No: _____ D&B Rating: _____

Full Name of Owner(s) or a list of Corporate Officers to be provided with application. List home address and telephone numbers for all partners or individuals (attach a list if needed).

Name & Title: _____ Driver Lic. # & State: _____
Street Address: _____ Social Security No: _____ *

City, State & Zip: _____ Telephone #: _____

*Required only if Sole Proprietor/Individual

TRADE CREDIT REFERENCE (OR ATTACH INFORMATION SHEET)

Firm Name: _____ Type of Business: _____
Street Address: _____ Suite #: _____
City, State & Zip: _____ Telephone: _____

Firm Name: _____ Type of Business: _____
Street Address: _____ Suite #: _____
City, State & Zip: _____ Telephone: _____

Firm Name: _____ Type of Business: _____
Street Address: _____ Suite #: _____
City, State & Zip: _____ Telephone: _____

Firm Name: _____ Type of Business: _____
Street Address: _____ Suite #: _____
City, State & Zip: _____ Telephone: _____



Finley Industrial Services terms are Net 30 days from the date of invoice. Finance charges will accrue at 1½% per month and 18% annually for any invoices not paid in full by the date due. Any costs, legal, court and/or collection fees incurred due to an attempt to collect payment for services rendered shall be the responsibility of the applicant.

The information provided is for the purpose of obtaining credit and is warranted to be true. I hereby authorize Finley Industrial Services to investigate the references listed above pertaining to our credit and financial responsibility.

Date: _____

Authorized Signature: _____

Printed Name: _____

Title: _____