



# UTTERMOST

## Credit Application

Customer Name \_\_\_\_\_

PLEASE CHECK ONE:

Mailing Address \_\_\_\_\_

\_\_\_\_\_ Corporation (Year \_\_\_\_\_ State \_\_\_\_\_)

Street Address (if different) \_\_\_\_\_

\_\_\_\_\_ Partnership (State \_\_\_\_\_)

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

\_\_\_\_\_ Individually Owned Business

Accounts Payable Contact \_\_\_\_\_

Number of years in business \_\_\_\_\_ years

AP Phone \_\_\_\_\_ AP Fax \_\_\_\_\_

AP Email \_\_\_\_\_

**SALES TAX EXEMPT NO:** \_\_\_\_\_ **\*Please help us serve you more quickly by providing your Tax Resale Certificate. Note that orders cannot be shipped until the Resale Certificate is received. You may use the Uniform Sales & Use Tax Certificate for all states except Florida, Indiana, Louisiana, Massachusetts, Mississippi, New York, Virginia, West Virginia and Wyoming. Please use the state specific form for each of those states.**

### Officer/Owner Name(s):

\_\_\_\_\_  
Officer's or Owner's Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Officer's or Owner's Name

\_\_\_\_\_  
Title

### Financial Reference:

Bank \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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

### Suppliers Who Have Granted You Credit:

Name \_\_\_\_\_ Acct No. \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ Acct No. \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ Acct No. \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

*The Uttermost Co. is authorized to contact the above bank and trade references regarding credit and financial information. In the event of default by your company, you agree to be liable for collection fees, court fees, and reasonable attorney fees. Applicant also agrees in the event of default that jurisdiction will be enforced in the courts of Franklin County, Virginia for any and all outstanding debts due by applicant and its successors.*

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