 **Customer Credit Form**

Company Name (Doing Business As) Full Legal Business Name

Address (*Cannot be a PO Box*)

City State\Province Zip Code County/District

 Fax Number Email Address

Billing Address *(If different from above)* City State\Province Zip Code

Owner Date Business Established

**SECTION 1**

 No. of Employees: [ ] 1-10 [ ] 11-50 [ ] 50+

Please Check the following: [ ]  Desire to do business on a cash basis. Transaction by cash, company check, AmEx, Mastercard, Visa Card

[ ] Up to $1,000 Credit Limit Will you be purchasing items exempt from sales taxes? [ ] Yes [ ] No

**Business Type / Legal Structure:** *(Please check all that apply)*

[ ]  Corporation [ ]  Franchise [ ]  Non-Profit Organization [ ]  School [ ] Federal Government [ ] State Government [ ] Local Government

[ ] Hospital [ ]  Religious Organization [ ] Partnership/Proprietorship [ ]  Sub S [ ]  Limited Liability [ ]  Contractor [ ]  Other

Do you have a Parent Company? [ ]  Yes (If yes, complete Section 2) [ ]  No (If No, move to Section 3)

**SECTION 2**

 ( ) ( ) Parent Company Name (Division or Sub) Telephone Fax Number

Address City State Zip Code

Is Parent Company responsible for payment of bills? [ ]  Yes [ ]  No

**Please fill out the following information for open account billing for over SAR 7,000.00**

Credit Limit Desired (if more that SAR 7,000) S.R

**Bank References:** *(Please Complete Entire Section)*

Bank Name

**SECTION 3**

Accounts Payable Contact: Accounts Payable Telephone: Accounts Payable Email:

Address City State Zip Code

 ( ) ( ) Telephone Number Fax Number Checking Account # Loan Account #

**Customer Trade References:** *(Commercial & Industrial Trade Vendors with open account status only)*

 Name Address City State\Province Zip Code

 ( ) ( )

Telephone Number Fax Number Account Number

 Name Address City State\Province Zip Code

 ( ) ( )

Telephone Number Fax Number Account Number

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**SEC TION 4**

Authorized Signature (Required)

Date

Please Print Name and Title

**Internal Use Only** Account Number Branch Number Seller Approved By