 **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