

Credit Application



▶ Date: _____

All lines of credit will require a Credit Report run.

Account Number: _____

Business Legal Name and Address (Billing Information)

Name _____

Address _____

City _____

State _____ Zip _____

Telephone # _____

Fax # _____

Email _____

Years in Business _____

AP Contact _____

AP Contact Phone# _____

AP Contact Email _____

AP Contact Fax # _____

CME Account Manager (if known): _____

▶ **Please attach copy of Tax Exemption Certificate and copy of W-9 or Business License.**

Tax Exempt: Yes _____ No _____

▶ Please sign and email to accountadmin@cmecorp.com or fax 888-685-5455

You must sign this form below. Standard Terms are Net 30 Days.

Each of the undersigned individuals authorizes CME to make inquiries with any credit reporting agency, bank or trade reference in connection with the extension of credit. I (we) agree to pay within terms and to pay a 1% per month finance charge on any past due balance. In the event legal proceedings or collection agents are required to collect payment, I (we) agree to pay all costs or fees.

Principal, Owner or Authorized Agent

Title

Date

Signature: _____

Signature: _____