

**Credit Application-PLEASE PRINT**

Ideal Business Supplies, LLC PO Box 97 Dora MO 65637-9317  
Phone 800-355-2870 Fax 888-646-6608 e-mail [idealsuppl@aol.com](mailto:idealsuppl@aol.com)

Legal Name\_\_\_\_\_

Street Address\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

Phone\_\_\_\_\_Fax\_\_\_\_\_

Circle One: Corporation Proprietorship Partnership LLC

State of Incorporation\_\_\_\_\_ Date of Incorporation\_\_\_\_\_ Years in Business\_\_\_\_\_

Principal Bank

Name\_\_\_\_\_Phone\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

**Trade References-Three References Required  
PLEASE INCLUDE FAX NUMBERS**

The undersigned hereby makes this application for credit to IDEAL BUSINESS SUPPLIES, LLC (“creditor”) and in making this application the undersigned agrees that all amounts payable on or before the due date as shown on each invoice will be paid, and if not paid on or before stated terms 2% 10, net 30 days from date of invoice, are then delinquent, should a credit availability be granted by creditor. All decisions with the extension or continuation of credit shall be a sole discretion of creditor. Creditor may terminate any credit availability within its sole discretion. It is understood that in the event it becomes necessary for creditor to retain the services of an attorney/collection agency in order to collect amount due creditor from purchaser or for any other purpose, creditor shall be entitled to recover from purchase, costs and reasonable attorney/collections fees.

**Authorized Signature:**

X\_\_\_\_\_ Title\_\_\_\_\_

Signature of owner/partner/officer

Printed Name\_\_\_\_\_

**Please check the following before sending:**

- A copy of your companies Re-sale Tax Certificate
- A signed Credit Application
- Trade References