



Application for Credit

Company Name

Mailing Address

Years In Business

Mailing City

Mailing State

Mailing Zip Code

Shipping Address (If Different From Mailing Address)

Shipping City

Shipping State

Shipping Zip Code

Telephone

Fax

Email

AP Contact

Phone

Email

Statement Delivery Preference (Select One)

☐ Email

☐ Fax

☐ USPS

Hereby applies for credit in accordance with the terms and conditions of: **TERMS: Net 30 Days - 45 Days "ON HOLD"**

Desert Fleet Outfitters

PO Box 20892

Phoenix, AZ 85036

480-295-1676

accounting@desertfleetoutfitters.com

Purchase Order Required

☐

Resale (Attach Certificate)

☐

Effective upon date of receipt and will not be retroactive to past invoices

☐ Corporation

☐ Partnership

☐ Individual

Officers, Owners, Partners

Name(s) of Principals	Title	Address	Social Security	Phone

Bank

Bank

Address

Account Number

Phone

References

Business	Address	Phone	Email

Initial Credit Limit Desired \$ _____

The above information is for the purpose of obtaining credit is warranted to be true. I/We hereby authorize Desert Fleet Outfitters to investigate the references listed pertaining to my/our credit and financial responsibility. I/We certify that all the information on this form is correct. I/We fully understand the credit payment terms and agree to the proper payment in consideration of extended credit. By signing this application the undersigned personally agrees to unconditionally guarantee, warrant, and promise to pay all purchases incurred by the company listed above promptly, in accordance with the terms of this application. Further, the undersigned agrees that if the applicant is a corporation or a partnership, he or she shall be personally and jointly liable for payment of all sums. In the event it becomes necessary for Desert Fleet Outfitters to incur collection costs or institute legal action to enforce rights arising either out of this application or a purchase order, the undersigned promises to pay such additional collection costs, interest and any reasonable attorney fees.

Signed By _____ Title _____ Date _____

INTERNAL USE ONLY: Approved By _____ Account Number _____