



40 Park Place Lexington, VA 24450
 Toll Free 877.777.3700 / Fax 877.777.3717
 Local 540.463.6510 / Fax 540.463.6710

Credit Application

Legal Name/DBA:	
Name:	Title:
Phone:	Fax:
Billing Address:	
Shipping Address:	
Years at Above:	Ours is a:
FEIN or SS# (Proprietorship):	Established:

Management Company (Apartments):	
Accounts Payable:	
Address:	
Phone:	Fax:

Customer agrees to immediately inform Parknpool, Corp. of any change in ownership or form of their company.

Accounts Payable Contact Information

Name:		
Email:		
Bank Name:	Phone:	Fax:
Contact Person:		

Trade Reference

Business Name	Contact	Phone	Fax

I certify that all information on this form is correct and authorizes ParknPool Corp. to obtain written or oral reports from any credit reporting agency, trade creditor or bank. This also will serve as notice that applicant authorizes any bank or commercial business to give any and all necessary information which will assist ParknPool Corp. with its credit investigation.

If credit is extended customer agrees to pay all debts incurred within terms of sale. Should the debt become past due, customer expressly agrees to pay a service fee of \$20.00 each month plus 2% per month of the balance due. Customer also agrees to pay reasonable collection costs and/or attorney's fees incurred in connection with the collection of this account and litigation will have a Rockbridge County, VA venue.

Authorized Signature: _____ Title: _____ Date: _____

