



PelicanCases.com

Credit Application

5869 S. Kyrene Road Suite 11 Tempe, Arizona 85283. Phone (800) 967-6492 Fax (480) 719-4530

Firm Name: _____

Mailing Address: _____

City/State/ZIP: _____

Phone () Fax ()

Year Established: _____ Circle One: Sole Proprietorship Partnership Corporation

Nature of Business: _____

Amount of Credit Requested: \$ _____

Principals in Firm

Name: _____ Position: _____

Name: _____ Position: _____

Accounts Payable Contact: _____ Phone ()

Purchasing Dept. Contact: _____ Phone ()

Bank Name: _____ Phone () Fax ()

Mailing Address: _____ Account Number: _____

City/State/ZIP: _____

Trade Credit Reference Name - Account Number - Mailing Address - Phone/Fax Numbers

1. _____
2. _____
3. _____
4. _____

I give permission to contact the references above to evaluate our credit history. If applicant is corporation, an authorized corporate officer must sign. Our credit terms are net 30 days. If it should be necessary to use the services of a third party to collect delinquent amounts on this account, we agree to compensate Avenu, LLC. (dba PelicanCases.com) for collection expenses for an amount not to exceed 25% of the balance owed. This information is true and correct to the best of my knowledge. If your organization is tax exempt, please attach your state certificate to this credit application.

Signature: _____

Date: _____

Print Name: _____

Print Title: _____