

Credit Application

P.O. Box 15188, Reading PA 19612-5188
Phone: 1-800-355-1000 • www.chbriggs.com

CHBRIGGS

GENERAL BUSINESS INFORMATION			
Business Name		Doing Business As (if applicable)	
Billing Address		Shipping Address (if different from billing address)	
City	State	Zip	City State Zip
Business Phone	Business Fax	Federal EIN	Do you own or rent your building? <input type="checkbox"/> Own <input type="checkbox"/> Rent

ADDITIONAL INFORMATION	
Name & Title of Owner or Officer	Type of Business: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership / LLP <input type="checkbox"/> C-Corporation <input type="checkbox"/> Limited Liability Corp <input type="checkbox"/> Sub-Chapter S Corp
Phone or E-mail Address	

BILLING INFORMATION	
Accounts Payable contact	Fax or E-mail address where invoices should be sent
Are you tax exempt? * <input type="checkbox"/> Yes * <input type="checkbox"/> No * If yes, please return exemption certificate with credit application.	

Terms: In consideration of C.H. Briggs extending credit to the Applicant, the Applicant agrees to pay for all items delivered or services rendered to, or at the request of, the Applicant, in accordance with the terms of each invoice. Applicant agrees that each of the terms and conditions of sale stated on the invoices shall be a term of the contract of each sale from C.H. Briggs to the Applicant. Applicant acknowledges that a monthly service charge of the highest amount legally allowed in the state shall be made on all sums due C.H. Briggs which have not been paid by the last day of the month following billing, and Applicant agrees to promptly pay said service charge. An additional service charge, computed on the same basis, will be due and payable every thirty (30) days thereafter. Waiver of any one or more service charges shall not be deemed to be a waiver of future service charges. Applicant further agrees that with regard to such service charges, Applicant and C.H. Briggs are parties to a written commercial contract. Should it become necessary to place the account with a collection agency or attorney, the Applicant agrees to pay all collection costs and attorney fees in addition to all other sums due.

Applicant authorizes C.H. Briggs to obtain credit and financial information concerning the Applicant at any time and from any source. The undersigned warrants that the above agreement has been carefully read and that Applicant understands completely. Applicant also warrants that all information provided is true and correct.

Note: Signature required in order for credit application to be processed.

Print Name of Applicant #1 (must be Owner or Officer)	Print Name of Applicant #2 (must be Owner or Officer)
Signature Date	Signature Date

* Please fax completed application back to 610-921-4832 or e-mail to CreditApplication@chbriggs.com *

Thank you for choosing C.H. Briggs!

Reading, PA | Telford, PA | Wayne, NJ | Savage, MD | Charlotte, NC | Norcross, GA
Telephone: 1.800.355.1000 | Fax: 1.800.355.3131 | CustomerCare@chbriggs.com | www.chbriggs.com

Thank You for Choosing C.H. Briggs!