



CREDIT APPLICATION

Name:		
Mailing Address:		Ship To Address (if different from mail)
Tel:	Fax:	Email:
Purchase Order Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Number of years in business in Bermuda	Company President or CEO	CFO or Financial Controller
Bankers:	Lawyers:	Requested Credit Limit \$

Please provide 3 credit references:

- 1.
- 2.
- 3.

Please indicate your intended purchases below:

Office supplies Printers or other business equipment
 Office furniture Digital scanning services

Payment terms are determined at the absolute discretion of A.F. Smith (the Company). Standard payment terms are net 30 days and a Service Charge of 1.5% per month may be charged on overdue accounts.

My signature below indicates my consent for the Company to obtain credit information from the references provided and from the bank listed above. I also agree to the policies, terms and conditions of the Company and understand that these are subject to change from time to time. I further agree that all agency charges, legal costs and other expenses incurred by the Company to recover any overdue amounts are for the account of the applicant.

Applicant's Signature: _____
Duly authorized to sign

Date: _____

FOR OFFICE USE ONLY:

Authorized Credit Limit \$	Account #
Authorized By	Date