



# BROWN & PRATT

1345 BROOKVILLE WAY, STE. A  
INDIANAPOLIS, INDIANA 46239  
OFFICE: (317) 353-1664  
FAX: (317) 322-8896  
TOLL FREE: 1-888-353-1664

Credit Application:

Trade Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Please Check One: Private: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_ Other: \_\_\_\_\_

Date Established: \_\_\_\_\_

Bank Reference:

Name of Bank: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ Account #: \_\_\_\_\_ Contact: \_\_\_\_\_

By Signing Below, I hereby authorize my bank listed above to release pertinent account information to Brown & Pratt, Inc.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Trade References:

1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Principal:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Terms are 1% 10 – Net 30 Days. In the event that Brown & Pratt, Inc. incurs collection costs or is required to institute suit to collect any amount due under this agreement or any portion thereof, the Company applying for credit agrees to pay such additional collection costs, charges, and expenses, including any attorney fees incurred by Brown & Pratt, Inc.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_