



www.stlouistag.com

3201 Laclede Station Road St. Louis MO 63143

314 645 4460

314 645 0854

800 426 8090

800 343 0161

APPLICATION FOR CREDIT

All information supplied will be held in strict confidence and will be used for the sole purpose of investigating your credit experience.

Company Name _____	
Address _____	
City _____	State _____ Zip _____
Contact Person _____	
Telephone (_____) _____	Fax (_____) _____
Type of Organization _____	D&B No. _____
Principals _____	Title _____
How Long in Business? _____	

SUPPLIER INFORMATION

List three (3) wholesale suppliers from whom you are buying on open account.

Name _____
Address _____
Telephone (_____) _____ Fax (_____) _____
Name _____
Address _____
Telephone (_____) _____ Fax (_____) _____
Name _____
Address _____
Telephone (_____) _____ Fax (_____) _____

BANK INFORMATION

List your main banking facility.

Name _____
Address _____
Telephone (_____) _____ Fax (_____) _____
Contact Person _____

The undersigned hereby agrees to the **GENERAL TERMS** stated below and certifies that he or she is authorized to execute this application and authorizes the above listed suppliers and bank(s) to release credit information to **ST. LOUIS TAG CO., INC.**

Signed _____ Title _____

THE FOLLOWING **GENERAL TERMS** APPLY UPON EXTENSION OF CREDIT:

1. Payment terms are NET 30 - no cash discounts.
2. Interest accrues on balances over 30 days old at the rate of one and one-half percent (1 1/2%) per month.
3. Accounts over 60 days old will be automatically placed on C.O.D.. A \$40.00 fee will be charged for each check returned by the bank as insufficient funds.
4. **ST. LOUIS TAG CO., INC.** will be entitled to recover reasonable collection and attorney's fees should the account be turned over for collection due to non-payment.