



the outbound group

## Credit Application (page 1/2)

I/We herein make application to The Outbound Group for credit and/or to update and reconfirm our existing account and balance with The Outbound Group. Applicants give their permission to The Outbound Group to verify the information stated herein. If credit is granted, I/We promise to pay all bills rendered within the terms specified on the bill.

### ANSWER ALL QUESTIONS

Company Name: \_\_\_\_\_ State Resale # \_\_\_\_\_

Business Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

If at above address less than One Year, Previous Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_ How Long: \_\_\_\_\_

Partnership       Proprietorship       Incorporated - State: \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_ DUNS# \_\_\_\_\_

Company Bank: \_\_\_\_\_ Acct# \_\_\_\_\_

Branch Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

### Business - Related Credit References

Company Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Company Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Company Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Authorized People to Request Service \_\_\_\_\_

Special Invoice Requirements: \_\_\_\_\_

Amt Credit Desired: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Accounts Receivable Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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9900 Harrison Road / Romulus, MI 48174  
Phone 734.947.9080 / Fax 734.947.1395 / www.outboundgroup.com



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## Credit Application (page 2/2)

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### Principals of the Company

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Years w/ Company: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Years w/ Company: \_\_\_\_\_

### Default Agreement

#### Corporation

In the event payment is not made and this account is referred for collection, I/We will pay the cost of collection equal to a minimum amount of twenty-five percent of the principal amount. I/We understand interest on any unpaid balance will be charged at the highest rate authorized by law. If suit or action by an attorney is instituted, I/We promise to pay reasonable attorney fees in said suit or action.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

#### Proprietor/Owner

I/We undersigned agree to guarantee payment of all sums due to owning. I/We understand that venue is as stated above and this continuing guarantee shall not be revoked except by written notice to The Outbound Group.

\_\_\_\_\_  
Guarantor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guarantor Signature

\_\_\_\_\_  
Date

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