



# WORLD TRADE ASSOCIATION APPLICATION FOR CREDIT

email to [wtacs@aol.com](mailto:wtacs@aol.com) fax 954-755-2506

Company Name and DBA
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Physical Street Address			Billing Address: Street or P.O. Box		
City	State	Zip	City	State	Zip
Business Telephone Number		Business Fax Number		Please Check One <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
Type of Business		Years Established		At Present Location	Incorporated Under State Laws of:      Year:
Name and Title of Person to Contact Concerning Payment			Phone Number		Fax Number

**Owner's Information (Officer's if Incorporated)**

Name & Title	Home Address	Home Phone Number
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**Trade References**

Name	Contact	Phone	Fax	City/State
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**Bank References**

Name	Type of Account(s)	Account Number(s)	Phone Number
Address		Account Executive	Fax Number

In consideration for receiving credit on open account the undersigned hereby agrees to pay all invoices within the number of days after the invoice date stated, to pay all collection costs, reasonable attorney's fees and all litigation costs incurred in the event this account is placed in the hands of an attorney for collection whether or not suit is brought. In the event suit is brought, the undersigned agrees that reasonable attorney's fees and costs shall be paid by the undersigned and shall be included in a judgment or award issued by a court of competent jurisdiction.

Signature Title Date

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