



Credit Reference Form

Customer can fill out this form or attach Credit References to this form with their signature at the bottom and return it to Plus-Plus USA

Bill to			Ship to		
Company Name:			Company Name:		
Address:			Address:		
State:	City:	Zip:	State:	City:	Zip:
Phone:	Fax:		Phone:	Fax:	
Email:			Email:		
Tax ID:			Tax ID:		

Credit References

Account No:

Name:

Address:

City: State: Zip:

Phone: Fax:

Email:

Account No:

Name:

Address:

City: State: Zip:

Phone: Fax:

Email:

Account No:

Name:

Address:

City: State: Zip:

Phone: Fax:

Email:

Signature: _____ Date: _____

By signing this document, I understand that I am entering into an agreement with Plus-Plus USA for the agreed-upon Terms and will remit payment within that time period. If payment is not received within the allotted amount of time, Plus-Plus USA reserves the right to charge a credit/debit card that is on file for invoices past due more than 30 days. Please note that invoices that are not paid on time will be void of all discounts, including free freight if applicable, and be subject to finance charges and credit agency reporting.