



Credit Application For A Business Account

| Business Contact Information | | | |
|--|---|--|---|
| Title | | Date business commenced | |
| Company name | | <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other | |
| Phone Fax | | | |
| E-mail | | | |
| Registered company address City, State ZIP Code | | | |
| Business And Credit Information | | | |
| City, State ZIP Code | | Bank name: | |
| How long at current address? | | Primary business address City, State ZIP Code | |
| Phone | | Phone | |
| Fax | | Account number | |
| E-mail | | Type of account | <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other |
| Business/Trade References | | | |
| Company name | | Phone | |
| Address | | Fax | |
| City, State ZIP Code | | E-mail | |
| Type of account | | Other | |
| Company name | | Phone | |
| Address | | Fax | |
| City, State ZIP Code | | E-mail | |
| Type of account | | Other | |
| Company name | | Phone | |
| Address | | Fax | |
| City, State ZIP Code | | E-mail | |
| Type of account | <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other | Other | |
| Agreement | | | |

1. All Invoices Are To Be Paid 30 Days From The Date Of The Invoice.
2. Claims Arising From Invoices Must Be Made Within Seven Working Days.
3. By Submitting This Application, You Authorize [Company Name] To Make Inquiries Into The Banking And Business/Trade References That You Have Supplied.

Signatures

| | | | |
|----------------|--|----------------|--|
| Signature | | Signature | |
| Name and Title | | Name and Title | |
| Date | | Date | |