

CREDIT APPLICATION

CONTACT INFORMATION

YOUR NAME		TITLE	
EMAIL		PHONE	
BUSINESS INFORMATION AS REGISTERED			
COMPANY NAME			
ADDRESS		PHONE	
CITY	STATE	ZIP CODE	
LENGTH OF TIME AT CURRENT ADDRESS: _____ YEARS _____ MONTHS			
TYPE OF BUSINESS : SOLE PROPRIETORSHIP PARTNERSHIP LLC CORPORTATION OTHER			

BANK INFORMATION

BANK NAME		CONTACT NAME	
ADDRESS		PHONE	
CITY	STATE	ZIP CODE	
TYPE OF ACCOUNT	ACCOUNT NUMBER		
SAVINGS			
CHECKING			
OTHER			

BUSINESS REFERENCES

Please provide us at least three other companies your business has established credit with previously

1 COMPANY		CONTACT NAME	
PHONE		EMAIL	
ADDRESS		TITLE	
CITY	STATE	ZIP CODE	
COMMENTS			

2 COMPANY		CONTACT NAME	
PHONE		EMAIL	
ADDRESS		TITLE	
CITY	STATE	ZIP CODE	
COMMENTS			

BUSINESS REFERENCES		
3 COMPANY		CONTACT NAME
PHONE		EMAIL
ADDRESS		TITLE
CITY	STATE	ZIP CODE
COMMENTS		

4 COMPANY		CONTACT NAME
PHONE		EMAIL
ADDRESS		TITLE
CITY	STATE	ZIP CODE
COMMENTS		

CREDIT AGREEMENT
<p>1 All invoices must be paid within 30 days of the date issued</p> <p>2 Any claims regarding an invoice issued must be made within 7 days of the date issued</p> <p>3 You authorize inquiry into the banking and business references provided within this application</p>

COMPANY REPRESENTATIVES	
1 SIGNATURE	TITLE
NAME	DATE

2 SIGNATURE	TITLE
NAME	DATE

NOTES & COMMENTS