|  |
| --- |
| **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 |
|  |
|  Continue on to next page … |  PAGE 1 OF 2  |
| **BUSINESS REFERENCES** |
| Continued from previous page … |
|  |
| 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** |
| 1 | All invoices must be paid within 30 days of the date issued2 | Any claims regarding an invoice issued must be made within 7 days of the date issued3 | You authorize inquiry into the banking and business references provided within this application |
|  |
| **COMPANY REPRESENTATIVES** |
| 1 | SIGNATURE | TITLE |
| NAME | DATE |
|  |
| 2 | SIGNATURE | TITLE |
| NAME | DATE |
|  |
| **NOTES & COMMENTS** |
|  |
|  |
|  | PAGE 2 OF 2 |