

CREDIT APPLICATION

CONTACT INFORMATION	
YOUR NAME	TITLE
EMAIL	PHONE

BUSINESS INFORMATION AS REGISTERED			
COMPANY NAME			
ADDRESS		PHONE	FAX
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	FAX
CITY	STATE	ZIP CODE	
TYPE OF ACCOUNT		ACCOUNT NUMBER	
SAVINGS			
CHECKING			
OTHER			

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

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

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

CREDIT AGREEMENT
1 All invoices must be paid within 30 days of the date issued
2 Any claims regarding an invoice issued must be made within 7 days of the date issued
3 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