

BUSINESS 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			

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BUSINESS CREDIT APPLICATION

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 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

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