



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Company Name:	Date business commenced
Contact Name:	Sole proprietorship Partnership Corporation Other
Title:	
Phone: Fax:	
E-mail	
Registered company address City, State ZIP Code	

ADDITIONAL INFORMATION

Salesman Name:	
Taxable: yes no	If Tax exempt must attach state tax form

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	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.

SIGNATURES

Signature	Signature
Name and Title	Name and Title
Date	Date