



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 CORPORATION 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 at least three companies your business has credit terms		
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 REFERENCES		
3 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 REPRESENTATIVE	
1 SIGNATURE	TITLE
NAME	DATE