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| Credit Application for a Business Account  **[BUSINESS NAME]** | [DATE] |

[Street address] | [City, ST ZIP Code]

Phone: [Phone number] | Fax: [Fax number] | [Email] | [Website]

# BUSINESS CONTACT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Title: | | | |
| Company name: | | | |
| Phone | Fax | Email | |
| Registered company address: | | | |
| City: | | State: | ZIP Code: |
| Date business commenced: | | |  |
| Sole proprietorship: | Partnership: | Corporation: | Other: |
| BUSINESS AND CREDIT INFORMATION | | | |
| Primary business address: | | | |
| City:  State: | | State | ZIP Code |
| How long at current address? | | | |
| Telephone: | Fax: | E-mail: | |
| Bank name: | | | |
| Bank address: | | Phone: | |
| City:  State: | | ZIP Code: | City: |
| Type of account | Account # | | |
| Saving | 09-09098-0808080-94309 | | |
| Other |  | | |
| Other |  | | |
| **BUSINESS/TRADE REFERENCE** | | | |
| Company Name | Address | | Phone/Fax/Email |
|  |  | |  |
| Company Name | Address | | Phone/Fax/Email |
|  |  | |  |

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.
3. By submitting this application, you authorize [Company Name] to make inquiries into the banking and business/trade references that you have supplied.

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| Signature: |  | Date signed: [Date] |