

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

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

BUSINESS AND CREDIT INFORMATION

Primary business address:		
City:	State:	ZIP Code:
How long at current address?		
Telephone:	Fax:	Web Address:
Purchasing:	Phone:	E-mail (required):
A/P:	Phone:	E-mail (required):
Bank name:		Contact:
Bank address:		Phone:
City:	State:	ZIP Code:
Type of account	Account number	
Savings		
Checking		
Other		

BUSINESS/TRADE REFERENCES

Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Type of account:		
Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Type of account:		
Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Type of account:		

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions and Trade References listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. I hereby agree to the terms and conditions above.

SIGNATURES	
Print Name:	Print Name:
Signature:	Signature:
Title:	Title:
Date:	Date:

LEASE NOTE: A CREDIT CHECK CAN TAKE AS LITTLE AS 24 HOURS AND AS LONG AS 2 WEEKS AND IS BASED UPON YOUR TRADE REFERENCES TIMELY RESPONSE TO OUR CREDIT REQUEST. PLEASE USE A CREDIT CARD FOR EXPEDITED ORDERING.

Visa	<input type="checkbox"/>	MasterCard	<input type="checkbox"/>	AMEX	<input type="checkbox"/>
Account Number:					
Expiration Date:			Validation Code:		
Name on Credit Card and BILLING Address:					