Business Credit Application Form

# BUSINESS CONTACT INFORMATION

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

# BUSINESS AND CREDIT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| **City, State ZIP Code** |  | **Bank name:** |  |
| **How long at current address?** |  | **Primary business address****City, State ZIP Code** |  |
| **Phone** |  | **Phone** |  |
| **Fax** |  | **Account number** |  |
| **E-mail** |  | **Type of account** | **Savings  Checking  Other** |

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

# SIGNATURES

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** |  | **Signature** |  |
| **Name and Title** |  | **Name and Title** |  |
| **Date** |  | **Date** |  |