



Credit Application for Business Account

Company Name _____

Company Corporate Address _____

City, State, Zip Code _____

Company Bill To Address _____

City, State, Zip Code _____

Company Phone Number _____

Fax Number _____

Email Address _____

Company Type

Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Other ☐

Business and Credit Info

Accounts Payable Contact _____

Accounts Payable Phone _____

Accounts Payable Fax _____

Accounts Payable Email _____

Bank Name _____

Bank Address _____

City, State, Zip Code _____

Bank Phone Number _____

Business References

Reference 1: Company Name _____

Address _____

City, State, Zip Code _____

Phone Number _____

Fax Number _____

Email _____

Type of Account _____

Reference 2: Company Name _____

Address _____

City, State, Zip Code _____

Phone Number _____

Fax Number _____

Email _____

Type of Account _____

Reference 3: Company Name _____

Address _____

City, State, Zip Code _____

Phone Number _____

Fax Number _____

Email _____

Type of Account _____

Agreement

By initialing the below statements, you are agreeing to our terms. Should you have any questions please contact us.

_____ All invoices are to be paid within 30 days from the invoice date unless longer terms are agreed to by us and stated on Purchase Order

_____ Claims arising from invoices must be made within 7 business days of the invoice date

_____ By Submitting this credit application, you authorize us to make inquiries into the banking and business references that you provide.