

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 CORPORTATION OTHER			

BUSINESS REFERENCES
Please provide us at least three other companies your business has established credit with previously

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	

BUSINESS CREDIT APPLICATION

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 REPRESENTATIVES

1 | SIGNATURE

TITLE

NAME

DATE

2 | SIGNATURE

TITLE

NAME

DATE

NOTES & COMMENTS