

Credit Application for Business Account

101 W. Main St. Starkville, MS 39759

Phone: 866-996-2156 | orders@getglo.com | www.glopals.com



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	ZIP Code
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		ZIP Code:	City:
Type of account	Account #		
Saving			
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 unless otherwise stated.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Glo to make inquiries into the banking and business/trade references that you have supplied.

Signature: _____ Date: _____