



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Registered Company Name:

(DBA) Doing Business as:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State:

ZIP Code:

EIN:

Fax:

Duns #:

Accounts Payable Contact Name **(REQUIRED)** :

Tax ID:

Email Address:

BUSINESS/TRADE REFERENCES

Company name 1:

Phone:

Fax:

E-mail:

Type of account:

Company name 2:

Phone:

Fax:

E-mail:

Type of account:

Company name 3:

Phone:

Fax:

E-mail:

Type of account:

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 14 working days.
3. By submitting this application, you authorize [Company Name] to make inquiries into the business/trade references that you have supplied.
4. Please be aware a contact for accounts payable is required for approval without it the application is immediately denied.

SIGNATURES

Title Printed:
Name Printed:
Date:

Title Printed:
Name Printed:
Date:

Signature:

Signature: