



BUSINESS INFORMATION

Company		Phone		Business Type
Address		Fax		<input type="checkbox"/> Sole proprietorship
City		FEIN		<input type="checkbox"/> Partnership
State		AP Contact		<input type="checkbox"/> Corporation
ZIP		AP Email		<input type="checkbox"/> Other

BANK INFORMATION

Bank Name:		Bank Address	
Bank City		Bank State	
Bank ZIP		Contact Name:	
Contact Phone:		Contact Email:	

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	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> 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. Past due accounts are subject to credit hold delays and a service charge of 1.5% per month.
4. 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	

FOR INTERNAL USE ONLY

Review Signature		Review Signature	
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