



APPLICATION FOR CREDIT

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

BANK INFORMATION			
BANK NAME		CONTACT NAME	
ADDRESS		PHONE	
CITY	STATE		ZIP CODE
TYPE OF ACCOUNT		ACCOUNT NUMBER	
SAVINGS			
CHECKING			

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

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
COMMENTS			

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BUSINESS CREDIT APPLICATION

BUSINESS REFERENCES	
Continued from previous page	

3 COMPANY		CONTACT NAME	
PHONE		EMAIL	
ADDRESS		TITLE	
CITY	STATE	ZIP CODE	
COMMENTS			

4 COMPANY		CONTACT NAME	
PHONE		EMAIL	
ADDRESS		TITLE	
CITY	STATE	ZIP CODE	
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	
3 You authorize inquiry into the banking and business references provided within this	

COMPANY REPRESENTATIVES	
1 SIGNATURE	TITLE
NAME	DATE

2 SIGNATURE	TITLE
NAME	DATE

NOTES & COMMENTS