

# Business Credit Application

**PLEASE RETURN SIGNED APPLICATION VIA MAIL or FAX. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

## TYPE OF AGREEMENT

Balance due within 30 days of the invoice date. Interest of 1.5% or whatever the maximum amount of allowable interest, by state law, will be added to any and all invoices not paid within the thirty-day credit period. Applicant agrees to pay any collection costs incurred to collect the account balance, including reasonable attorney fees.

## Name/Address

Last:	First:	Middle Initial:	Title	
Name of Business:			Tax I.D. Number	
Address:				
City:	State:	ZIP:	Phone:	

## Company Information

Type of Business:	In Business Since:			
Legal Form Under Which Business Operates:				
Corporation <input type="checkbox"/>		Partnership <input type="checkbox"/>		Proprietorship <input type="checkbox"/>
If Division/Subsidiary, Name of Parent Company:			In Business Since:	
Name of Company Principal Responsible for Business Transactions:			Title:	
Address:	City:	State:	ZIP:	Phone:
Name of Company Principal Responsible for Business Transactions:			Title:	
Address:	City:	State:	ZIP:	Phone:

## Bank References

Institution Name:	Institution Name:	Institution Name:	
Checking Account #:	Savings Account #:	Home Equity Loan:	Loan Balance:
Address:	Address:	Address:	
Phone:	Phone:	Phone:	

## Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

