



## BUSINESS CREDIT APPLICATION

### Name of Company Principal / Company Name and Address

Last:	First:	Middle Initial:	Title
Company Name:			Tax I.D. Number / RFC #
Address:			
City:	State/Province:	ZIP/Postal Code:	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"/> Other <input type="checkbox"/>
State/Province/Country:	
If Division/Subsidiary, Name of Parent Company:	In Business Since:
Email Address for Accounts Payable:	

### Bank References

Institution Name:	Institution Name:	Institution Name:
Checking Account #:	Savings Account #:	Home Equity Loan:    Loan Balance:
Address:	Address:	Address:
Contact Person :	Contact Person :	Contact Person :
Phone or Email address:	Phone or Email address:	Phone or Email address:

Trade References		
COMPANY NAME:	COMPANY NAME:	COMPANY NAME:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone or Email address:	Phone or Email address:	Phone or Email address:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

Financial Information		
Company Total Assets :	Company Total Liabilities:	<b>Amount of Credit Requested:</b>
Annual Net Income:		
Have you or your officers or affiliates ever filed a petition in bankruptcy?    Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is your company subject to any litigation?    Yes <input type="checkbox"/> No <input type="checkbox"/> If so, describe:		

We declare that the above information is true, correct, and complete and is given to induce the Company to extend credit. We authorize the Company to make such credit investigation as the Company sees fit, including contacting the above trade references and banks and obtaining credit reports. We authorize all trade references, banks and credit reporting agencies to disclose to the Company any and all information concerning the financial and credit history of my company and myself.

By signing below, you and/or your company agree to pay all expenses of collection, including court costs and attorney's fees should it become necessary to refer this account for collection. You affirm that you are authorized to make this statement.

All invoices are to be paid 10 days from the statement date unless other arrangements have been made. All past due balances will incur a service charge of 1.5% per month, or 18% annual. A statement of your account will be sent to the email address you've provided each month.

**I have read the terms and conditions stated above and agree to all terms and conditions.**

**Company Name:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_