



Corporate Account Application

CompanyName:_____

Contact Person :_____

Address:_____

Phone:_____

Fax:_____

http://_____

Email:_____

Federal Tax ID:_____

No. of employees :_____

Type of Business:_____

Date business established:_____

Amount of credit requested \$:_____

CORPORATION

PARTNERSHIP

SOLE PROPRIETORSHIP

Name, titles and addresses of your chief corporate officer or Authorized Purchasers.

TRADE REFERENCES

REFERENCES # 1 Name: _____
Address: _____
Phone : _____

REFERENCES # 2 Name: _____
Address: _____
Phone : _____

Additional Info, _____

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

I have read the terms and conditions stated below and agree to all of these terms and conditions.

Authorized Signature: _____ Print Name: _____ Title: _____

Date: _____

GENERAL TERMS AND CONDITIONS AND PERSONAL GUARANTEE.

1. Invoiced Monthly , Pay within 7 Days