



# CREDIT APPLICATION FORM

## BUSINESS CONTACT INFORMATION

Company name		Date business commenced	
			<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other <input type="checkbox"/> W-9
Phone   Fax		Principal Name:	
E-mail			Tax Exempt: <input type="checkbox"/> No <input type="checkbox"/> Yes..... Certif
Registered company address City, State ZIP Code			

## BUSINESS AND CREDIT INFORMATION

A/P Department		Bank name:	
Name of the AP manager		Primary business address City, State ZIP Code	
Phone		Phone	
Fax		Account number	
E-mail		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

## 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		Other	

## AGREEMENT

- All invoices are to be paid 30 days from the date of the invoice. Claims arising from invoices must be made within seven working days.
- By submitting this application, you authorize **Commercial Lubricants Moove Corp.** 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	