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| INTERROCK LLC.Credit Application for a Business Account | | | |
| Business Contact Information | | | |
| Company name: | | | |
| Phone: | Fax: | E-mail: | |
| Registered company address: | | | |
| City: | | State: | ZIP Code: |
| Date business commenced: | | | |
| Sole proprietorship: | Partnership: | Corporation: | Other: |
| Business and Credit Information | | | |
| Primary business address: | | | |
| City: | | State: | ZIP Code: |
| How long at current address? | | | |
| Telephone: | Fax: | E-mail: | |
| Primary Ship to address: | | | |
| City: | | State: | ZIP Code: |
| Bank name: | | | |
| City: | | State: | ZIP Code: |
| Type of account: | Account number: | | |
| Savings |  | | |
| Checking |  | | |
| Preferred Method of receiving Invoices. | Email address: Mail | | |
| Business/trade references | | | |
| Company name: | | | |
| Address: | | | |
| City: | | State: | ZIP Code: |
| Phone: | Fax: | E-mail: | |
| Type of account: | | | |
| Company name: | | | |
| Address: | | | |
| City: | | State: | ZIP Code: |
| Phone: | Fax: | E-mail: | |
| Type of account: | | | |
| Company name: | | | |
| Address: | | | |
| City: | | State: | ZIP Code: |
| Phone: | Fax: | E-mail: | |
| Type of account: | | | |
| Agreement | | | |
| 1. All invoices are to be paid 15 days from the date of the invoice. 2. Claims arising from invoices must be made within seven working days. 3. By submitting this application, you authorize INTERROCK LLC. to make inquiries into the banking and business/trade references that you have supplied. | | | |
| Signatures | | | |
| Title:  Date: | | Title:  Date: | |