|  |  |  |  |
| --- | --- | --- | --- |
| Credit Application for a Business Account | | | |
| Business Contact Information | | | |
| Company name: | | | |
| Phone: | Fax: | E-mail: | |
| Billing company address: | | | |
| City: | | State: | ZIP Code: |
| Date business commenced: | | | |
| Sole proprietorship: | Partnership: | Corporation: | Other: |
| Business and Credit Information | | | |
| Delivery business address: | | | |
| City: | | State: | ZIP Code: |
| How long at current address? | | | |
| Telephone: | Fax: | E-mail: | |
| Bank name: | | | |
| Bank address: | | Phone: | |
| City: | | State: | ZIP Code: |
| Type of account: | Account number: | | |
| Savings |  | | |
| Checking |  | | |
| Other |  | | |
| 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 30 days from the date of the invoice upon approval of credit. 2. Claims arising from invoices must be made within seven working days. 3. By submitting this application, you authorize Banding4Less to make inquiries into the banking and business/trade references that you have supplied. 4. Attach Reseller’s exemption form if needed | | | |
| Signatures | | | |
| Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_ | |