

CAPE FEAR JANITORIAL SUPPLY COMPANY
CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Title:			
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:	
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, a REMINDER statement is sent at end of month.
2. All invoices that are overdue, 30 days after receipt of invoice, will have a service fee of 1.5% each month until paid
3. By submitting this application, you authorize CAPE FEAR JANITORIAL SUPPLY COMPANY to make inquiries into the banking and business/trade references that you have supplied.
4. I and/or We have read, understand and agree to the above statements of terms and conditions.
5. I am authorized to fill out and agree to the above terms.

SIGNATURES

Signature: Print Name & Title:	Signature: Print Name & Title:
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CUSTOMER PROFILE

Business Name: _____

Email: _____

Would you like to receive our monthly newsletter via email? Yes _____ No _____
(We do not share your information, be sure to list email address)

Would you like to have your statement e-mailed to you? Yes _____ No _____

Are copies of invoices required to be sent to speed payment? Email _____ Mail _____ No _____

Please list Authorized Buyers. If this changes notify us immediately

Are Purchase Orders Required on all invoices? _____

If no, What is the maximum total without PO needed? _____

Please advise how a PO is obtained (Upon delivery, via internal Process or etc)

Please list any special delivery notes (special times, appointment needed, delivery location)

*** OFFICE USE ONLY ***

Date Approved _____ Approval By: _____ Credit Limit _____

Special Notes or Instructions:

