



BUSINESS CONTACT INFORMATION

PHONE 800-525-6630 Fax # 562-445-8948

Title:		Date business commenced:	
Company Name:		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/>	
Phone Fax:		<input type="checkbox"/> Partnership <input type="checkbox"/>	
E-mail:			
Registered company address		<input type="checkbox"/> Other <input type="checkbox"/>	
City:			
State:			
ZIP Code:			

BUSINESS AND CREDIT INFORMATION

Business Federal Tax ID:		Bank name:	
		Contact Name:	
Business Resale ID#:		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	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	Other	

agreement

1. All invoices are to be paid 30 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 [Company Name] 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	

Additional Notes: