

regulatory solutions

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Contact name		Date business commenced	
Company name		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Parent company name			
Phone			
Fax			
E-mail		Principal/Officer name & title	
Registered company address City, State ZIP Code		Principal/Officer name & title	
Federal Tax ID No.		DUNS No.	

BANKING REFERENCES

Bank name		Phone	
Bank address City, State ZIP Code		Fax	
Bank contact		E-mail	
Checking account #		Savings account #	
Loan account #		Loan account #	

BUSINESS/TRADE REFERENCES

Company name		Phone	
Address City, State ZIP Code		Fax	
Type of account		E-mail	
		Other	
Company name		Phone	
Address City, State ZIP Code		Fax	
Type of account		E-mail	
		Other	
Company name		Phone	
Address City, State ZIP Code		Fax	
Type of account		E-mail	
		Other	

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. By signing below, I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	