

BUSINESS CONTACT INFORMATION

Company (Legal Name)		Date business commenced _____
Address, City, State ZIP		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation *If corporation State Incorporated _____ Date Incorporated _____
Phone No.		
If this is a Subsidiary: Name & address of parent company		

BANK INFORMATION

Bank name:		Phone	
Address, City, State ZIP		Contact	
Phone		Email	
Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	Account No.	

BUSINESS/TRADE REFERENCES

Company name		Phone	
Address, City, State ZIP			
Contact person Title		Email	
Company name		Phone	
Address, City, State ZIP			
Contact person Title		Email	
Company name		Phone	
Address, City, State ZIP			
Contact person Title		Email	

AGREEMENT

I/We certify that the above information is true and correct, and I/W agree to pay this account in accordance with your credit terms. I/We authorize you to verify this information and/or obtain additional information by securing data from credit reporting agencies. I/We understand that all past due balances will be subject to a 1 ½ % per month service charge. I/We further agree to pay a 18% collection charge, in the event of default, if the account is placed with an attorney or bonded collection agency.

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	

PERSONAL GUARANTEE FOR CORPORATE ACCOUNTS

In consideration for the credit extended to the above-listed corporation, the undersigned hereby guarantees and agree to be personally liable for all indebtedness incurred by the corporation. I/We further agree to pay 18% collection charge, in the event of default, if the account is placed with an attorney or bonded collection agency.

Signature		Signature	
Name and Title		Name and Title	
Date		Date	