

## **BUSINESS CREDIT APPLICATION**

CONTACT INFORMATION						
YOUR NAME		TITLE				
EMAIL		PHONE				
BUSINESS INFORMATION AS REGISTERED						
COMPANY NAME						
ADDRESS			PHONE			
CITY		STATE	7	ZIP CODE		
LENGTH OF TIME AT CURRENT ADDRESS:		YEARS	MONTHS			
TYPE OF BUSINESS : SOLE PROPI	TNERSHIP	LLC	CORP.	OTHER		
ASI MEMBER #	ASI MEMBER # PPAI MEMBER		# UPIC			
BANK INFORMATION						
BANK NAME		CONTACT NAME				
ADDRESS		PHONE				
CITY		STATE		ZIP CODE		
TYPE OF ACCOUNT		ACCOUNT NUMBER				
SAVINGS						
CHECKING						
OTHER						
BUSINESS REFERENCES						
Please provide us at least three other companies your business has established credit with previously						
1   COMPANY		CONTACT NAME				
PHONE		EMAIL				
ADDRESS		TITLE				
CITY		STATE	ZIP CODE			
COMMENTS						
2 L COMPANY		CONTACT	NAME			
2   COMPANY PHONE		EMAIL				
ADDRESS		TITLE				
CITY		STATE		ZIP CODE		
COMMENTS		317112		CODE		
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BUSINESS REFERENCES					
Continued from previous page					
	1				
3   COMPANY	CONTACT NAME				
PHONE	EMAIL				
ADDRESS	TITLE				
CITY	STATE	ZIP CODE			
COMMENTS					
4   COMPANY	CONTACT NAME				
PHONE	EMAIL				
ADDRESS	TITLE				
CITY	STATE	ZIP CODE			
COMMENTS					
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## **CREDIT AGREEMENT**

- 1 | All invoices must be paid within 30 days of the date issued
- 2 | Any claims regarding an invoice issued must be made within 7 days of the date issued
- 3 | You authorize inquiry into the banking and business references provided within this application

The undersigned certifies that, to the best of his or her knowledge and belief, all information contained in this credit application and in the accompanying statements and documents is true, complete, and correct. The undersigned agrees to notify Brandon Services immediately of any material changes in this information. The undersigned authorizes the Brandon Services to contact any bank and trade creditors it deems necessary without further notice, including, but not limited to, Dunn & Bradstreet reports or information from Experian Credit Data.

COMPANY REPRESENTATIVES						
1   SIGNATURE	TITLE					
NAME	DATE					
2   SIGNATURE	TITLE					
NAME	DATE					
Office Only: Status: Approved Declined Account #:	Processed by: Date:					