



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

SALESPERSON:

NET30

CREDIT CARD

BUSINESS CONTACT INFORMATION

BILL TO:

Company Name:

Address:

City:

State:

ZIP Code:

Buyer Name:

Buyer E-mail:

Buyer Phone #:

Buyer Fax #:

Accounts Payable Name:

A/P E-mail:

A/P Phone #:

A/P Fax #:

Sole Proprietorship:

Partnership:

Corporation:

Other:

SHIP TO:

Company Name:

Address:

City:

State:

ZIP Code:

Contact Name:

Phone:

Fax:

E-mail:

BUSINESS AND CREDIT INFORMATION

Bank Name:

Bank Address:

Phone:

City:

State:

ZIP Code:

Type of Account

Account Number

Checking

Savings

Other

BUSINESS/TRADE REFERENCES

Company Name:

Address:

City:

State:

ZIP Code:

Contact:

Phone:

Fax:

Contact E-mail:

Type of Account:

Company Name:

Address:

City:

State:

ZIP Code:

Contact:

Phone:

Fax:

Contact E-mail:

Type of Account:

Company Name:

Address:

City:

State:

ZIP Code:

Contact:

Phone:

Fax:

Contact E-mail:

Type of Account:

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 Data Impressions to make inquiries into the banking and business/trade references that you have supplied.

CUSTOMER ACCEPTANCE & SIGNATURE

Name/Title:

Date:

DATA IMPRESSIONS MANAGEMENT APPROVAL SIGNATURE

Name/Title:

Date: