



CREDIT APPLICATION BUSINESS ACCOUNT
BUSINESS CONTACT INFORMATION

Title: _____
Company Name: _____
Phone: _____ Fax: _____ E-mail: _____
Registered Company Address: _____
City: _____ State: _____ ZIP code: _____
Date Business Commenced: _____
Sole Proprietorship: _____ Partnership: _____ Corporation: _____ Other: _____

BUSINESS AND CREDIT INFORMATION

Primary Business Address: _____
City: _____ State: _____ ZIP code: _____
How long at current address? _____
Telephone: _____ Fax: _____ E-mail: _____
Bank Name: _____
Bank Address: _____
City: _____ State: _____ ZIP code: _____
Type of Account: _____ Account Number: _____
Savings: _____ Checking: _____ Other: _____

BUSINESS / TRADE REFERENCE

Company Name: _____
Address: _____
City: _____ State: _____ ZIP code: _____
Type of Account: _____
Company Name: _____
Address: _____
City: _____ State: _____ ZIP code: _____
Type of Account: _____
Company Name: _____
Address: _____
City: _____ State: _____ ZIP code: _____
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 Carl Schlegel Inc. to make inquiries into banking and business / trade references that you have supplied.

SIGNATURES

TITLE: _____ DATE: _____

TITLE: _____ DATE: _____