

BANK INFORMATION

Name of Bank: _____

Name of Bank: _____

Address: _____

Address: _____

City, St. Zip _____

City, St. Zip _____

Name of Banker: _____

Name of Banker: _____

Phone No. _____

Phone No. _____

BANK ACCOUNT # _____

BANK ACCOUNT # _____



BUSINESS REFERENCES

Name of Business: _____

Phone: _____

Address: _____ City _____ St. _____ Zip _____

Name of Business: _____

Phone: _____

Address: _____ City _____ St. _____ Zip _____

Name of Business: _____

Phone: _____

Address: _____ City _____ St. _____ Zip _____

Name of Business: _____

Phone: _____

Address: _____ City _____ St. _____ Zip _____



NOTICE TO BUYER / OWNER

By signing below on behalf of your business, you represent that your business is a valid business entity and that all purchases are for resale. The undersigned will pay a finance charge of 1 1/2 % per month on any unpaid balance on account that has not been paid according to the terms on the invoice. And that all invoices will be paid within terms indicated to prevent termination of credit status.

Signed: _____ Date _____



FOR OFFICE USE ONLY

DATE: _____ CREDIT LIMIT: \$ _____

BY: _____