

Credit Application for a Business Account

Business Contact Information

Company _____ Contact Name / Title _____

Registered Company Address _____

City _____ State _____ Zip _____

A/P Phone _____ A/P Fax _____ A/P E-mail _____

Date Business Commenced ____/____/____ Sole Proprietorship Partnership Corporation Other _____

Business and Credit Information

Primary Business Address _____

City _____ State _____ Zip _____

How Long at Current Address? _____

Phone _____ Fax _____ E-mail _____

Bank Name _____

Bank Address _____ Phone _____

City _____ State _____ Zip _____

Type of Account _____ Account Number _____

Savings _____ Checking _____ Other _____

Business/Trade References

Company Name _____ Address _____

City _____ State _____ Zip _____ Phone _____ Fax _____

E-mail _____ Type of Account _____

Company Name _____ Address _____

City _____ State _____ Zip _____ Phone _____ Fax _____

E-mail _____ Type of Account _____

Company Name _____ Address _____

City _____ State _____ Zip _____ Phone _____ Fax _____

E-mail _____ Type of Account _____

Agreement

1. All invoices are to be paid 15 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 Leland International to make inquiries into the banking & business/trade references that you have supplied.

Signatures

Title _____ Date ____/____/____ Title _____ Date ____/____/____