



Credit Application for a Business Account

Business Contact Information

Title: _____
 Company Name: _____
 Phone: _____ Fax: _____ Email: _____
 Registered company address: _____
 City: _____ State: _____ Zip: _____
 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: _____ Email: _____
 Bank name: _____
 Bank address: _____
 City: _____ State: _____ Zip: _____ Phone: _____

Banking Details

Type of account	Account number
Savings _____	_____
Checking _____	_____
Other _____	_____

Business and/or Trade References

Company name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Email: _____
 Type of account: _____
Company name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Email: _____
 Type of account: _____
Company name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Email: _____
 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 with 7 working days.
- 3- By submitting this application you authorize McClain & Co., Inc. to make inquiries to the banking, savings, business, and/or trade references you have supplied.

Signatures

Title: _____ Date: _____	Title: _____ Date: _____
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