

# Business Credit Application

## A. BUSINESS INFORMATION

Contact Name		Phone
Email		
Business Name		Phone
Business Address		
City	State	Zip Code
Industries Served		
Legal Form Under Which Business Operates		
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other: _____		

## B. BANK REFERENCES

Institution Name		
Address		
City	State	Zip Code
Account #		
Account Type		
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other: _____		

## C. BUSINESS TRADE REFERENCES

Company Name	Company Name	Company Name
Contact Name	Contact Name	Contact Name
Address	Address	Address
Fax or Email	Fax or Email	Fax or Email
Account Terms	Account Terms	Account Terms

## D. AGREEMENT

1. All invoices are to be paid within 30 days from the date of the invoice.
2. Claims arising from invoices must be made within 7 working days.
3. I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to Electrical Hub for which credit is being applied for in order to verify the information contained herein.

Signature \_\_\_\_\_

Date \_\_\_\_\_