

## CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION				
Title		Date business commenced		
Company name		□ Sole proprietorship		
Phone   Fax		□ Partnership		
E-mail		□ Corporation		
Registered company address		□ Other		
City, State ZIP Code				
BUSINESS AND CREDIT INFORMATION				
City, State ZIP Code		Bank name:		
How long at current address?		Primary business address		
		City, State ZIP Code		
Phone		Phone		
Fax		Account number		
E-mail		Type of account	□Savings □ Checking □ Other	
BUSINESS/TRADE REFERENCES				
Company name		Phone		
Address		Fax		
City, State ZIP Code		E-mail		
Type of account		Other		
Company name		Phone		
Address		Fax		
City, State ZIP Code		E-mail		
Type of account		Other		
Company name		Phone		
Address		Fax		
City, State ZIP Code		E-mail		
Type of account	□Savings □ Checking □ Other	Other		
AGREEMENT				

1. All invoices are to be paid 45 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 REDVANLY LLC to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES				
Clauster		Circulation		
Signature		Signature		
Name and Title		Name and Title		
Date		Date		