



Credit Application for a Business Account

Business Contact Information

Company Name: _____

Phone: _____ Fax: _____ E-mail: _____

Company Address: _____

City: _____ State: _____ ZIP Code: _____

Date Business Commenced: _____ FED ID # _____

Check One: Sole Proprietorship Partnership Corporation:

Banking Information

Bank Name: _____

Bank Address: _____ Phone: _____

City: _____ State: _____ ZIP Code: _____

Type of Account	Account Number	Backup Credit Card #
Savings	_____	_____
Checking	_____	_____

Business / Trade References

Company Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Fax: _____ E-mail: _____

Type of Account: _____

Company Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Fax: _____ E-mail: _____

Type of Account: _____

Company Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Fax: _____ E-mail: _____

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 within seven working days.
3. By submitting this application, you authorize Quick Stitch Banners to make inquiries into the banking and business/trade references that you have supplied.

Authorized Person: _____

Title: _____

Date: _____

Account Manager: _____