

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

# BUSINESS CONTACT INFORMATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Company Name** |  |  | **Date business commenced** |  |
| **AP Contact** |  |  | **Sole proprietorship** |  |
| **Phone | Fax** |  |  | **Partnership** |  |
| **AP E-mail** |  |  | **Corporation** |  |
| **Registered company address****City, State ZIP Code** |  |  | **Other** **\*Please provide IRS W9 forms completed** |  |

# BUSINESS AND CREDIT REFERENCE INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| City, State ZIP Code |  | Bank name: |  |
| How long at current address? |  | Primary business addressCity, State ZIP Code |  |
| Phone |  | Phone |  |

# Accounting Dept (AP) Contacts

Please provide email and phone number of contact(s) to direct any billing/invoice questions. **We will be sending the invoices via email.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Phone |  |
| Address |  | Fax |  |
| City, State ZIP Code |  | E-mail |  |
| Name |  | Phone |  |
| Address |  | Fax |  |
| City, State ZIP Code |  | E-mail |  |
| Title |  | Other |  |
| Name |  | Phone |  |
| Address |  | Fax |  |
| City, State ZIP Code |  | E-mail |  |
| Title |  | Other |  |

# 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 DataRidge Technology Solutions to make inquiries into the banking and business/trade references that you have supplied.

# SIGNATURES

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Signature |  |
| Name and Title |  | Name and Title |  |
| Date |  | Date |  |