

CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Company Name			
Phone	Fax	Email	
Registered Company Address			
City	State	Zip	
Date Business Commenced			
Sole Proprietorship	Partnership	Corporation	Other

BUSINESS CREDIT INFORMATION

Primary Business Address		How long have you been at this address?
City	State	Zip
Telephone	Fax	Email
Bank Name		Phone
Bank Address		
City	State	Zip
Savings Account No.	Checking Account No.	Other account no.

BUSINESS / TRADE REFERENCES

Company Name #1		
Address		
City	State	Zip
Phone	Fax	Email
Type of Account		
Company Name #2		
Address		
City	State	Zip
Phone	Fax	Email
Type of Account		
Company Name #3		
Address		
City	State	Zip
Phone	Fax	Email
Type of Account		

AGREEMENT

1. All invoices are to be paid 20 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 Zursun to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signed	Signed		
Title	Date	Title	Date