

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 _____