



## CREDIT APPLICATION FOR A BUSINESS ACCOUNT

### BUSINESS CONTACT INFORMATION

Title		Date business commenced	
Company name		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Phone   Fax			
E-mail			
Registered company address 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	
Federal Tax #		Phone	
D & B #		Bank Account number	
E-mail		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> 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	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	Other	

### AGREEMENT

1. All invoices are to be paid 30 days from the date of the product shipment.
2. Payment must be received by the due date or for the amount of the invoice(s) or a 2% default fee per month will apply. The 2% late fee will apply the following day that the invoice(s) are due.
3. Claims arising from invoices must be made within seven working days.
4. By submitting this application, you authorize Tecmeout, LLC. To make inquiries into the banking and business/trade references that you have supplied.
5. Should it become necessary to place the account on collections, either with a collections agency or attorney due to nonpayment, the Applicant agrees to pay all interest, collection costs and attorney fees in addition to all other sums due.
6. The undersigned warrants that the above agreement has been carefully read and that Applicant understands the same.

### SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	