

## Credit Application for Net 30 Terms

### Business contact information

Contact name:		Company name:	
Phone:	Email:	EIN:	
Contact mailing address:			
City:		State:	ZIP code:
In business since:			
Sole trader: <input type="checkbox"/>	Partnership: <input type="checkbox"/>	Limited liability: <input type="checkbox"/>	Other: <input type="checkbox"/>

### Business and credit information

Primary business address:			
City:		State:	ZIP code:
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP code:

### Business/trade references

<b>Company name:</b>			
Contact name:			
Address:		Fax:	
City:		State:	ZIP code:
Phone:		Email:	
Payment Terms:		Credit Limit:	

<b>Company name:</b>			
Contact name:			
Address:		Fax:	
City:		State:	ZIP code:
Phone:		Email:	
Payment Terms:		Credit Limit:	

<b>Company name:</b>			
Contact name:			
Address:		Fax:	
City:		State:	ZIP code:
Phone:		Email:	
Payment Terms:		Credit Limit:	

## **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 of receipt of invoice.
3. By submitting this application, you authorize GladRags to make inquiries into the banking and business/trade references that you have supplied.
4. Accounts not paid within 30 days of the date of the invoice may be subject to a 1.5% monthly finance charge.

## **Signature**

Signature:

Date: