

## CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION				
Title		Date business commenced		
Company name		☐ Sole proprietorship		
Phone   Fax		☐ Partnership		
E-mail		☐ Corporation		
Registered company address City, State ZIP Code		□ Other		
BUSINESS AND CREDIT INFORMATION				
City, State ZIP Code		Bank name:		
How long at current address?		Primary business address City, State ZIP Code		
Phone		Phone		
Fax		Account number		
E-mail		Type of account	□Savings □ Checking □ 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	□Savings □ Checking □ Other	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 Microsoft to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES				
S		Cia and and		
Signature		Signature		
Name and Title		Name and Title		
Date		Date		