



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

Business Contact Information			
Title:			
Company name:			
Phone		E-mail:	
Registered Company Address:			
City:	County:		Post Code:
Company Registration No:		TIN:	
Sole Partnership:	Partnership		Corporation
Business & Credit Information			
Primary business address:			
	County:		Post Code:
Phone:		E-mail:	
Bank Name:			
Bank address:			
	County:		Post Code:
Account Number:		Sort Code:	
Business / Trade References			
Company name:			
Address:			
City:	County:		Post Code:
Phone:		E-mail:	
Contact:			
Company name:			
Address:			
City:	County:		Post Code:
Phone:		E-mail:	
Contact:			
Amount of Credit Required: \$			
Office use Only			
Amount of credit agreed: \$		Terms	
Approved By Agreement			
1	All invoices are to be paid 30 days from the date of invoice		
2	Claims arising from invoices must be made within seven business days		
3	By submitting this application, you understand that your information will be saved to file for future reference		
Signature			
Name & Date		Signature & Date	

Midsouth Hotel Supply
2255 US 80 W
Jackson, MS 39204
(601) 354 8735
sales@midsouthhotelsupply.com



Payment Authorization Form

I, _____, authorize *Midsouth Hotel Supply* to charge my:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> credit card | <input type="checkbox"/> checking account |
| <input type="checkbox"/> debit card | <input type="checkbox"/> savings account |

on a [*one-time / recurring*] basis as payment for:

- *Invoices not paid within 30 Days of issue date*

Customer name: _____

Billing address: _____ Zip code: _____

Credit Card Information - if charging a credit or debit card

Card type (select one):

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> MasterCard | <input type="checkbox"/> Discover |
| <input type="checkbox"/> Visa | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> American Express | |

Card number: _____ Expiration date (MM/YYYY): _____

CVV:: _____ Zip code _____

Bank Account Information - if charging a checking or savings account

Account Number: _____

Routing Number: _____

I understand that my information will be saved to file for future transactions on my account and authorization will remain in effect until I formally request cancellation.

Customer signature: _____ **Date:** _____