

APPLICATION FOR CREDIT

BUSINESS AND CREDIT INFORMATION

Complete legal company name		Website	
Legal address		Primary contact	
City, State/ Province		Primary contact's email address	
ZIP/ Postal Code		Business #	
Phone # &/ Fax #		Provincial / State Tax #	
Nature of business		Type of organization	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership
Date of incorporation			<input type="checkbox"/> Proprietorship

BANKING INFORMATION

Bank name		Contact name	
Street address		Contact phone number	
City		Contact email address	
State/ Province		Account number	
Zip/ Postal Code		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES

Company name		Contact Name	
		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Company name		Contact Name	
		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Company name		Contact Name	
		Phone	
Address		Fax	
City, State ZIP Code		E-mail	

AGREEMENT

By submitting your application you agree to the following:

1. If approved by The Raw Office Inc. credit team, 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. The Raw Office Inc. is authorized to make inquiries into the banking and business/trade references that you have supplied.
4. Pay 1.5% per month for late payments over 30 days.
5. Payments to be made by ACH direct deposit, credit card or check.

SIGNATURE

Signature	
Name and Title	
Date	