



NEW BUSINESS ACCOUNT CREDIT APPLICATION/AGREEMENT

BUSINESS CONTACT INFORMATION FOR ACCOUNTS

Title		Date business commenced	
Company name		<input type="checkbox"/> Sole proprietorship	
Phone Fax		<input type="checkbox"/> Partnership	
E-mail		<input type="checkbox"/> Corporation	
Registered company address City, State ZIP Code		<input type="checkbox"/> 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	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Current

BUSINESS/TRADE REFERENCES

Company name 1		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name 2		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	

AGREEMENT

1. A credit limit agreed for the amount of £100.00 per 30 days.
2. All invoices are to be paid 30 days from the date of the invoice.
3. Claims arising from invoices should be made within three working days.
4. By submitting this application, you authorize Axworthys to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Customer signature		Staff signature	
Name and Title		Name and Title	
Date		Date	

Please note: submitting this credit application does not automate an account, your account will be personally accepted/declined upon review.