

CREDIT APPLICATION

**AFTER COMPLETING THIS FORM PLEASE
 EMAIL TO bsi-store@banksupplies.com or FAX TO 734-699-1428**

Date: _____		
Company Name: _____		
Contact Name: _____		
Contact Title: _____		
Billing Address 1: _____		
Billing Address 2: _____		
City: _____	State: _____	Zip: _____
Phone: _____	Email: _____	
Fax: _____		
Accounts Payable Contact Person: _____		
Accounts Payable Email: _____		
Preferred method to receive invoices: US Mail _____	Email _____	Fax _____
Bank Name: _____	Bank Phone# _____	
Bank Address: _____		
City: _____	State: _____	Zip: _____
Bank Account Representative: _____		
Tax Exempt I.D.# (if applicable): _____		
How many years in business: _____		
How many years @ current location: _____		

Internal Use Only	
Acct#:	_____
CSR/SRep:	_____
Approved:	Y / N
Credit Limit:	_____

Credit References: MINIMUM OF 3

Company Name:	Credit Area - Contact Person:	Phone#:	Email: REQUIRED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

By emailing or faxing this document to BankSupplies Inc., I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. I agree to pay our bills according to the terms granted to us.