

CREDIT APPLICATION

**AFTER COMPLETING THIS FORM PLEASE
EMAIL TO finance@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: _____

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:

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.