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| 2417 North Grand Ave. East**Springfield, IL 62702****Ph: 217-523-6373 Fax:217-523-4432****Email:Accounting@primodesigns.net** Credit Application for a Business Account |
| --- |
| **Business Contact Information** |
| **Title:** |
| **Company name:** |
| **Phone:** | **Fax:** | **E-mail:** |
| **Registered company address:** |
| **City:** | **State:** | **ZIP Code:** |
| **Date business commenced:** |
| **Sole proprietorship:** | **Partnership:** | **Corporation:** | **Other:** |
| **Business and Credit Information** |
| **Primary business address:** |
| **City:** | **State:** | **ZIP Code:** |
| **How long at current address?** |
| **Telephone:** | **Fax:** | **E-mail:** |
| **Bank name:** |
| **Bank address:** | **Phone:** |
| **City:** | **State:** | **ZIP Code:** |
| **Type of account** | **Account number** |
| **Savings** |  |
| **Checking** |  |
| **Other** |  |
| **Business/trade references** |
| **Company name:** |
| **Address:** |
| **City:** | **State:** | **ZIP Code:** |
| **Phone:** | **Fax:** | **E-mail:** |
| **Type of account:** |
| **Company name:** |
| **Address:** |
| **City:** | **State:** | **ZIP Code:** |
| **Phone:** | **Fax:** | **E-mail:** |
| **Type of account:** |
| **Company name:** |
| **Address:** |
| **City:** | **State:** | **ZIP Code:** |
| **Phone:** | **Fax:** | **E-mail:** |
| **Type of account:** |
| **Agreement** |
| 1. **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. **By submitting this application, you authorize Contoso, Ltd. to make inquiries into the banking and business/trade references that you have supplied.**
 |
| **Signatures** |
| **Title:****Date:** | **Title:****Date:** |