



Credit Application for a Business Account

BUSINESS CONTACT INFORMATION

Name:		Title:
Name of Business:		Contractor#:
Phone:	Fax:	E-mail:
Registered company address:		
City:	State:	ZIP Code:
Date business started:	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> 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:		Type of Account:
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Acct Open Since:	Credit Limit:	Current Balance:
Company name:		Type of Account:
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Acct Open Since:	Credit Limit:	Current Balance:
Company name:		Type of Account:
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Acct Open Since:	Credit Limit:	Current Balance:

AGREEMENT

1. All invoices are to be paid no later than the 10th day of the month following completion.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Capell Flooring and Interiors, Inc to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:	Title:
Date:	Date: