

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Client

Address

City State Zip Code

Phone Fax Email

Name of Authorized Purchaser

Date Business was Established yes no - Are you Incorporated?
 yes no - Are you Tax Exempt? (Please fax Tax Exempt form)

BUSINESS & CREDIT INFORMATION

Bank Name Bank Contact

Address

City State Zip Code

Phone Fax Email

Acct Type Acct Number

BUSINESS / TRADE REFERENCES

Company

Address

City State Zip Code

Phone Fax Email

Acct Type Acct Number

Company

Address

City State Zip Code

Phone Fax Email

Acct Type Acct Number

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS / TRADE REFERENCES (con't)

Company

Address

City State Zip Code

Phone Fax Email

Acct Type Acct Number

PREVIOUS PROMOTIONAL PRODUCT SUPPLIERS

1) 2) 3)

AGREEMENT

1. All invoices are to be paid 10 days from the date of the invoice. Invoices not paid within the terms will be charged a finance charge of 1.50% monthly.
2. Claims arising from invoices must be made within three working days, logo products are non-returnable.
3. By submitting this application, you authorize Cooperstepp & Associates, Inc. to make inquiries into the banking and business/trade references supplied on this application.

SIGNATURE - SIGNATURES ARE AUTHORIZATION TO PURCHASE FROM COOPERSTEPP & ASSOCIATES, INC.

Signature	<input type="text"/>	Signature	<input type="text"/>
Title	<input type="text"/>	Title	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>