



BUSINESS CONTACT INFORMATION

Company Name: _____
 Address: _____ City _____ State/Zip _____
 Phone: _____ Fax: _____ Email: _____
 Date business commenced: _____
 How long at current address? _____
 Sole Proprietorship: _____ Partnership: _____ Corporation: _____ Other: _____

BUSINESS AND CREDIT INFORMATION

Bank Name: _____
 Bank Address: _____ City _____ State/Zip _____
 Phone: _____ Fax: _____
 Type of account: _____
 Savings acct number: _____
 Checking acct number: _____

BUSINESS/TRADE REFERENCES

Company name: _____
 Address: _____ City _____ State/Zip _____
 Phone: _____ Fax: _____ Email: _____
 Type of account: _____

Company name: _____
 Address: _____ City _____ State/Zip _____
 Phone: _____ Fax: _____ Email: _____
 Type of account: _____

Company name: _____
 Address: _____ City _____ State/Zip _____
 Phone: _____ Fax: _____ Email: _____
 Type of account: _____

AGREEMENT

1. All invoices are to be paid 20 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 Graybill Processing, LLC to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

 Title: _____
 Date: _____

 Title: _____
 Date: _____