

**CREDIT APPLICATION FOR A BUSINESS ACCOUNT**

**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, Inc to make inquiries into the banking and business/trade references that you have supplied.

**SIGNATURES**

\_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

\_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_