

CREDIT APPLICATION FOR A BUSINESS ACCOUNT**BUSINESS CONTACT INFORMATION**

Company name:

Phone:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

 Sole proprietorship Partnership: Corporation: Other:**ACCOUNTS PAYABLE CONTACT INFORMATION**

A/P Contact Name:

A/P Billing Address:

City:

State:

ZIP Code:

Telephone:

Fax:

E-mail:

Preferred method for delivery of invoices and statements:

 E-Mail Fax Mail Other (Special invoicing instructions:):**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 Battery Specialists, Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Name:

Title:

Date:



BUSINESS/TRADE REFERENCES
([] CREDIT REFERENCES ATTACHED, SKIP THIS PAGE)

BANK REFERENCE 1

Bank Name:

Address:

City:

Phone:

Account:

BUSINESS/TRADE REFERENCE 1

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

BUSINESS/TRADE REFERENCE 2

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

BUSINESS/TRADE REFERENCE 3

Company name:

Address:

City:

Phone:

Type of account:

BUSINESS/TRADE REFERENCE 4

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account: