

Bolin Services, Incorporated
CREDIT APPLICATION FOR A OPEN ACCOUNT

BUSINESS CONTACT INFORMATION

Title:

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

FEIN:

Sole proprietorship:

Partnership:

Corporation:

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:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Account number:

Company Name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Account number:

Company Name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Account number:

TERMS OF SALE

1. All invoices carry the terms of Net 30 days from the date of the invoice.
2. Claims arising from invoices must be made within ten working days. Overdue invoices are subject to a service charge of 1 ½% per month.
3. By submitting this application, you authorize Bolin Services, Inc. to make inquiries into the banking and business/trade references that you have supplied.

Please indicate whether a Purchase Order is required. Yes _____ NO _____

SIGNATURES

Title:

Date:

Title:

Date:

