



# Credit Application for a Business Account

BUSINESS CONTACT INFORMATION			
Company Name:			
Phone:	Fax:	Email:	
Date Business Commenced:			
Sole Proprietorship:	Partnership:	Corporation:	Other:
BUSINESS AND CREDIT INFORMATION			
Primary Business Address:			
City:		State:	ZIP Code:
How Long at Current Address?:			
Phone:	Fax:	Email:	
Bank Name:			
Bank Address:		Phone:	
City:		State:	ZIP Code:
Type of Account:	Savings:	Checking:	Other:
Bank Contact Name:		Bank Contact Phone:	
Amount of Credit Requesting:			
BUSINESS/TRADE REFERENCES			
Company Name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	Email:	
Type of Account:		Contact Name:	
Company Name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	Email:	
Type of Account:		Contact Name:	
Company Name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	Email:	
Type of Account:		Contact Name:	
AGREEMENT			
<p>1. Claims arising from invoices must be made within seven working days.</p> <p>2. By submitting this application, you authorize RSI to make inquiries into the banking and business/trade references that you have supplied.</p>			
SIGNATURES			
<b>X</b> _____		<b>X</b> _____	
Title:		Title:	
Date:		Date:	