

**BUSINESS DELIVERY SYSTEMS
CREDIT ACCOUNT
APPLICATION**

Date: _____

Name of Firm: _____

Billing Address: _____

Local Address: _____

Attn: _____

City, State, Zip: _____

City, State, Zip: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

Contact: _____

Contact: _____

Email Address: _____

Email Address: _____

Complete Appropriate Spaces:

Corporation Partnership Proprietorships Other _____

Years in Business: _____ D&B# : _____ Tax ID#: _____

President/CEO/Owner: _____

Address: _____

City, State, Zip _____

V.P./Co-Owner: _____

Address: _____

City, State, Zip _____

Business/Trade/Bank References:

Name	Account Number	Address/City/State/Zip	Phone	Contact
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Amount of Credit Requested: \$ _____

I (We) understand that the information furnished you on this page is for the purpose of obtaining business credit from your firm, that I am (we are) authorized, in my (our) capacity, to bind my (our) firm accordingly. That all accounts monies due you shall be payable at your place of business. That all past due accounts over thirty days, notes and/or judgments shall automatically draw interest at the rate of twenty-four percent (24%) per annum, with a \$5 minimum charge monthly.

Our terms are net 10 days.

Name (Please Print) _____ Title _____ Signature _____

To get your account set up quickly, please fax completed and signed form to **(972) 733-1645**.