

samtastic

CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Title		Tax ID #	
Company name		<input type="checkbox"/> Sole proprietorship	
Phone Fax		<input type="checkbox"/> Partnership	
E-mail		<input type="checkbox"/> Corporation	
Registered company address City, State ZIP Code		<input type="checkbox"/> Other	

BUSINESS AND CREDIT INFORMATION

Primary business address City, State ZIP Code		Bank name:	
How long at current address?		Bank Zip Code	
Years in Business		Bank contact name	
Phone		Bank contact number	
E-mail		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Years doing business with them	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Years doing business with them	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Years doing business with them	

AGREEMENT

1. All invoices are to be paid 48 hours prior to pick up days from the date of the invoice.
2. Claims arising from invoices must be made within 24 hours of receiving the goods.
3. By submitting this application, I/we certify that the above information is true and correct and I/we agree to pay this account in accordance credit terms. I/we authorize Samtastic LLC to make inquiries into the banking and business/trade references that I/we have supplied and/or obtain additional information by sourcing data from credit reporting agencies.

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	