

Welcome New Customers

Thank you for taking interest in our business, we look forward to continuing to provide quality services from

here on.

	CREDIT APPLICATIO	ON FOR A BUSINESS A	CCOUNT
	BUSINESS	CONTACT INFORMATION	
Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company addre			
City:		State:	ZIP Code:
Date business commenced			
Sole proprietorship:	Partnership:	Corporation:	Other:
		ND CREDIT INFORMATION	
Primary business address:			
City:		State:	ZIP Code:
How long at current addres	ss?		
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account	Account number		
Savings			
Checking			
Other			
	BUSINE	SS/TRADE REFERENCES	
Company name:	DODINE		
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:	1 07.		
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	211 0000.
Type of account:	1 07.		
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:	1 07.		
Type of account.		AGREEMENT	
1. All invoices are to be p	aid 15 days from the date of	the invoice.	
2. Claims arising from inv	oices must be made within sev	ven working days.	
3. By submitting this appl references that you ha		ar Truck Wash to make inquiries	into the banking and business/trade
		SIGNATURES	
Title:		Title:	
Date:		Date:	