

Customer Credit Application

BUSINESS CONTACT INFORMATION									
Company Name				ı	Desired Credit	Limit			
Company Contact	ompany Contact			1	☐ Sole Proprietorship		☐ Date Started		
Telephone Fax		□ Pa		☐ Partnership	artnership		☐ # Employees		
E-mail		□со			☐ Corporation	Corporation		☐ Resale #	
Registered company address	s			☐ Other		☐ Sales Tax %			
City, State ZIP Code									
BUSINESS AND CREDIT INFORMATION									
Business Address City, State Zip									
Bank Name Address City, Sta		Type of account:			☐ Savings ☐ Checking ☐ Other				
Bank Account Number				Bank Telephone					
AP Contact Name		AP Contac			Telephone	elephone			
AP Fax				AP E-mail					
BUSINESS/TRADE REFERENCES									
Company name				Phone					
Address					Fax				
City, State ZIP Code					E-mail				
Type of account					Other				
Company name		Pho			Phone				
Address					Fax				
City, State ZIP Code					E-mail				
Type of account					Other				
AGREEMENT									
All invoices are to be paid Net 30 days from the date of the invoice.									
2. Claims arising from invoices must be made within seven working days.									
3. AAA Business supplies & Interiors reserves the right to obtain a security interest in the products sold to the customer and it's proceeds thereof until the customer makes payment in full.									
4. Any amount not paid within 30 days of the invoice date is subject to an interest/finance charge of 1.5% per month and a \$0.50 minimum.									
5. Furniture purchases are non-returnable/non-refundable and subject to additional Terms and Conditions that will be completed separately.									
6. By submitting this application, you authorize AAA Business supplies & Interiors to make inquiries into the banking and business/trade references that you have supplied.									
SIGNATURES									
Owner/Officer Signature	AAA Representative Si				Signature				
Name and Title	and Title			Name and Title					
Date	Pate			Date					
INTERNAL USE ONLY									
SALES ROUTE		CONTRACT	ESS			AR1	AR1 AR2 AR3		