# Business Information

|  |  |  |  |
| --- | --- | --- | --- |
| Registered Business Name |  | Federal Tax I.D. # |  |
| Date Established |  | Name of Principle |  |
| Description of Business |  | Principle Title |  |
| Registered Company Address |  | Length of Time at Current Address |  |
| City, State Zip Code |  | Phone |  |
| Type of Business: | Sole Owner  Partnership  Corporation  Limited  Others\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Sales & Used Tax Certification | A copy of our sales & used tax certification is attached with this application | | |

# Billing INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| AP Contact Name |  | Contact Title |  |
| Billing Address |  | AP Contact Phone |  |
| City, State Zip Code |  | AP Contact E-mail |  |
| bank Information | | | |
| Institution Name |  | Contact Name |  |
| Address |  | Phone |  |
| City, State Zip Code |  | Account number |  |
| Type of account | Savings  Checking  Other | | |

# BUSINESS/TRADE REFERENCES

|  |  |  |  |
| --- | --- | --- | --- |
| Company name |  | Contact Name |  |
| Address |  | Phone |  |
| City, State ZIP Code |  | E-mail |  |
| Company name |  | Contact Name |  |
| Address |  | Phone |  |
| City, State ZIP Code |  | E-mail |  |
| Company name |  | Contact Name |  |
| Address |  | Phone |  |
| City, State ZIP Code |  | E-mail |  |
|  |  |  |  |

# agreement

|  |  |  |  |
| --- | --- | --- | --- |
| By signing this application, you authorize Actionpaq Corporation to make inquiries into the banking and business/trade references that you have supplied. | | | |
| Print Name |  | Signature |  |
| Title |  | Date |  |

# Credit Terms

|  |
| --- |
| Actionpaq Corporation will extend credit to the above listed company under the following terms:Credit Limit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Terms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |