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all care seating®

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION			
Company Name		Date Business Started	
Tax ID No.		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
D&B No.			
Contact			
Phone			
FAX		Bank name	
E-mail		Address	
Address		City, State ZIP Code	
City, State ZIP Code		Phone	
A/P Contact		Account Number	
A/P 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		Other	
Company Name		Phone	
Address		FAX	
City, State ZIP Code		E-mail	
Type of account		Other	
Company Name		Phone	
Address		FAX	
City, State ZIP Code		E-mail	
Type of account		Other	

AGREEMENT

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

SIGNATURES

Signature		Signature	
Name & Title		Name & Title	
Date		Date	