Harmony Lab & Safety Supplies CREDIT APPLICATION FOR A BUSINESS ACCOUNT

Title: Company name: Phone: Registered company address: City: State: State: ZIP Code: Date business commenced: Sole proprietorship: Partnership: Corporation: BUSINESS AND CREDIT INFORMATION Primary business address: City: State: ZIP Code: BUSINESS AND CREDIT INFORMATION Primary business address: City: State: ZIP Code: How long at current address? Telephone: Bank name: Bank address: Phone: City: State: ZIP Code:	BUSINESS CONTACT INFORMATION				
Phone: Fax: E-mail: Registered company address: City: State: ZIP Code: Date business commenced: Sole proprietorship: Partnership: Corporation: Other: BUSINESS AND CREDIT INFORMATION Primary business address: City: State: ZIP Code: How long at current address? Telephone: Fax: E-mail: Bank name: Bank address: Phone: City: State: ZIP Code:	Title:				
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City: State: ZIP Code:	Bank name:				
·	Bank address:		Phone:		
T	City:		State:	ZIP Code:	
Type of account Account number	Type of account	Account number	·	·	
Savings	Savings				
Checking	Checking				
Other	Other				
BUSINESS/TRADE REFERENCES					
Company name:					
Address:					
City: State: ZIP Code:	City:		State:	ZIP Code:	
Phone: Fax: E-mail:	Phone:	Fax:	E-mail:		
Type of account:					
Company name:					
Address:					
City: State: ZIP Code:	City:		State:	ZIP Code:	
Phone: Fax: E-mail:	Phone:	Fax:	E-mail:		
Type of account:					
Company name:					
Address:					
City: State: ZIP Code:	City:		State:	ZIP Code:	
Phone: Fax: E-mail:	Phone:	Fax:	E-mail:		
Type of account:	Type of account:				
AGREEMENT					
All invoices are to be paid 30 days from the date of the invoice.					
2. Claims arising from invoices must be made within seven working days.					
3. By submitting this application, you authorize Harmony Lab & Safety Supplies. to make inquiries into the banking and business/trade references that you have supplied.					
SIGNATURES					
Title: Title: Date:					