



SOUTH FORK COATINGS CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Individual name		Date business commenced	
Company name		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Phone Fax			
E-mail			
Registered company address City, State ZIP Code			

BUSINESS AND CREDIT INFORMATION

How long at current address?	Bank name:	
Phone	Phone	
Fax	Account number	
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

1. 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 SOUTH FORK COATINGS to make inquiries into the banking and business/trade references that you have supplied.



SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	