



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

TIN:		DUNS:	
Company name:			
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:	Account Payable E-mail:	
Bank name:			
Bank address:		E-mail:	
City:		State:	ZIP Code:
Type of account:	Account number:		
Savings			
Checking			
Other			

BUSINESS/TRADE REFERENCES

1) Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
2) Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
3) Company name:			
Address:			
City:		State:	ZIP Code:



Phone:	Fax:	E-mail:	
Type of account:			
4) Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
5) Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
AGREEMENT			
<ol style="list-style-type: none"> 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 [Company Name] to make inquiries into the banking and business/trade references that you have supplied. 			
SIGNATURES			
Name:		Title:	Date:



Bank Credit Reference Form

To be completed by the Customer

To:

Date: _____

Dear Bank Officer:

You are hereby authorized to release information about our accounts, outstanding credit line, and payment history to Persistent Systems, LLC to be used solely to establish an account, a credit line, and payment terms. This information is to be kept strictly confidential.

Signed: _____
Print Name: _____
Title: _____
Company: _____
Bank Account No: _____
Bank Email _____

To be completed by the Bank

Dear Sir /Madam,

The above customer has given its bank name as a Credit Reference. We would appreciate it if you would provide the credit information for us by filling in the portion below. Please be rest assured that all information provided will be kept strictly confidential. Should you have any questions, please call us at 212-561-5895 and ask for our Accounting Department. Thank you for your help and prompt attention to this request.

Sincerely,

Accounting Department
Persistent Systems, LLC

Account Since: _____

Current Balance: _____

Average Balance: _____

N.S.F. Checks? Yes No

If yes, how many? _____

Overall Credit Rating: _____

Remarks / Comments: _____

Completed By: _____

Loan relationship? Yes No

Line of Credit: _____

Open Date: _____

Secured? Yes No

Outstanding Balance: _____

Date: _____

