CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Title		Date business commenced	
Company name		☐ Sole proprietorship ☐ Partnership ☐ Corporation ☐ Other	
Phone | Fax			
E-mail			
Registered company address City, State ZIP Code			
AP Contact:	Email:	Phone Number:	

BUSINESS AND CREDIT INFORMATION

City, State ZIP Code		Bank name:	
How long at current address?		Primary business address City, State ZIP Code	
Phone		Phone	
Fax		Account number	
E-mail		Type of account	☐ Savings ☐ Checking

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 unless otherwise specified on the invoice. All modifications to payment terms will result in a denial of credit terms unless written approval has been recieved from our CFO.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize On-Site Services to make inquiries into the references that you have supplied.

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	

Please email completed credit app to office@on-sitesvcs.com - If you have any questions please contact us at 208-319-6785

Revised 04/24/2025