



# BUSINESS CREDIT APPLICATION

**BASICS**

LEGAL BUSINESS NAME \_\_\_\_\_ DATE \_\_\_\_\_

DOING BUSINESS AS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_ WEB ADDRESS \_\_\_\_\_

SALES TAX RATE \_\_\_\_\_ FEDERAL I.D. # \_\_\_\_\_ YEARS IN BUSINESS \_\_\_\_\_

TYPE OF BUSINESS: CORPORATION  LLC  PARTNERSHIP  SOLE PROPRIETORSHIP  DUNS # \_\_\_\_\_

**CONTACTS**

OWNER/PRESIDENT \_\_\_\_\_ PHONE/EXT \_\_\_\_\_ E-MAIL \_\_\_\_\_

OFFICE SUPPLY BUYER \_\_\_\_\_ PHONE/EXT \_\_\_\_\_ E-MAIL \_\_\_\_\_

ACCOUNTING CONTACT \_\_\_\_\_ PHONE/EXT \_\_\_\_\_ E-MAIL \_\_\_\_\_

*(Unless notified otherwise, we send all statements and invoices via email)*

**FINANCES**

BANK \_\_\_\_\_ PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

ADDRESS \_\_\_\_\_ BANK CONTACT \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CHECKING ACCT. # \_\_\_\_\_ ANTICIPATED ANNUAL PURCHASE AMOUNT \_\_\_\_\_

**Your credit limit is based on the references from vendors and suppliers you provide us. (Please no utility companies)**

**REFERENCES**

COMPANY \_\_\_\_\_ PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

CITY, ST, ZIP \_\_\_\_\_ ACCT # \_\_\_\_\_

COMPANY \_\_\_\_\_ PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

CITY, ST, ZIP \_\_\_\_\_ ACCT # \_\_\_\_\_

COMPANY \_\_\_\_\_ PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

CITY, ST, ZIP \_\_\_\_\_ ACCT # \_\_\_\_\_

*We will establish Net 30 day credit terms and a credit limit once we have received all the paperwork from you and your bank and references have been checked. The undersigned is duly authorized to apply for credit and grants Private School Partner the right to investigate the references listed above and perform any other standard business credit investigations. I/We understand that the credit terms are Net 30 days from invoice date. I/We agree to make all payments within these terms and understand that a 1.5% per month finance charge may be assessed on all past due balances. I/We also understand that Private School Partner reserves the right to charge us all court and/or legal costs associated with the collection of past due monies.*

\_\_\_\_\_  
SIGNATURE PRINT NAME DATE

**Mail or Fax to:** Private School Partner. 20 West Dry Creek Circle #230. Littleton, CO 80120. **Fax #:** 303-794-4460

<b>FOR OFFICE USE ONLY</b>	APPROVED LIMIT: _____	DATE: _____
	ACCOUNT No. : _____	APPROVED BY: _____

L:/Company Forms/Info Pkt/Credit Applications/PSP Business Application Rev. 11-21-12.pub