



BUSINESS ACCOUNT CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

NAME: _____

COMPANY NAME: _____

PHONE: _____ FAX: _____ E-MAIL: _____

REGISTERED COMPANY ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE BUSINESS COMMENCED: _____

SOLE PROPRIETORSHIP: PARTNERSHIP CORPORATION OTHER: _____

BUSINESS & CREDIT INFORMATION

PRIMARY BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOW LONG AT CURRENT ADDRESS: _____

PHONE: _____ FAX: _____ E-MAIL: _____

BANK NAME: _____

BANK ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TYPE OF ACCOUNT ACCOUNT NUMBER

SAVINGS: _____

CHECKING: _____

CREDIT CARD NUMBER _____

NAME ON CARD _____

EXPIRATION: _____ CVV CODE: _____ BILLING ZIP: _____

BUSINESS / TRADE REFERENCES

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____ E-MAIL: _____

TYPE OF ACCOUNT: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____ E-MAIL: _____

TYPE OF ACCOUNT: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____ E-MAIL: _____

TYPE OF ACCOUNT: _____

AGREEMENT



1. All invoices are to be paid 15 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. Credit card on file will be charged for all invoices that are 15 days past due.
4. By submitting this application, you authorize Restaurant Repair Company to make inquiries into the banking and business/trade references that you have supplied.

PRINT: _____

DATE: _____

SIGNATURE: _____

TITLE: _____

PRINT: _____

DATE: _____

SIGNATURE: _____

TITLE: _____