

Credit Application Form

# BUSINESS CONTACT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | Date Business Commenced |  |
| Company Name |  | DBA |  |
| Phone Number |  | Accounts Payable Contact |  |
| E-mail |  | Accounting Phone Number |  |
| Registered Company AddressCity, State ZIP Code |  | Accounting Email |  |
| Years in Business |  | Number of Employees |  | Annual Sales Volume |  | D&B# |  |

# BUSINESS AND CREDIT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| City, State ZIP Code |  | Bank Name: |  |
| How Long at Current Address? |  | Primary Business AddressCity, State ZIP Code |  |
| Phone |  | Phone |  |
| Fax |  | Account Number |  |
| E-mail |  | Type of Account | [ ] Savings [ ]  Checking [ ]  Other |

# BUSINESS and TRADE REFERENCES

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name |  | Phone |  |
| Address |  | Fax |  |
| City, State ZIP Code |  | E-mail |  |
| Type of Account |  | Terms and Credit Line |  |
| Company Name |  | Phone |  |
| Address |  | Fax |  |
| City, State ZIP Code |  | E-mail |  |
| Type of Account |  | Terms and Credit Line |  |
| Company Name |  | Phone |  |
| Address |  | Fax |  |
| City, State ZIP Code |  | E-mail |  |
| Type of Account | [ ] Savings [ ]  Checking [ ]  Other | Terms and Credit Line |  |

# 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 Plugin Optics Inc. to make inquiries into the banking and business/trade references that you have supplied.

# SIGNATURES

|  |  |  |  |
| --- | --- | --- | --- |
| E-Signature (Officer or Owner): |  | Signature |  |
| Name and Title |  | Name and Title |  |
| Date |  | Date |  |