



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Title		Date business commenced	Contact Information:	
Company name		<input type="checkbox"/> Sole proprietorship	Name:	
Phone Fax		<input type="checkbox"/> Partnership	Phone:	
E-mail		<input type="checkbox"/> Corporation	Email:	
Registered company address City, State ZIP Code		<input type="checkbox"/> Other	Title:	

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	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

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	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	Other	

AGREEMENT

1. Terms requested _____. All terms are subject to a credit review process and will be finalized after review.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize CENTURION GARDEN & OUTDOOR LIVING, INC. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	