

USA TRANSLATIONS

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

GENERAL BUSINESS INFORMATION

Contact Name		Date Business Commenced	
Company Name		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other	
Phone			
E-mail			
Registered Company Address City, State ZIP Code			
Actual Company Address City, State ZIP Code			
How Long at Current Address?			

BUSINESS AND CREDIT INFORMATION

Bank 1 Name:		Bank 2 Name:	
Bank Business Address City, State ZIP Code		Bank Business Address City, State ZIP Code	
Phone		Phone	
Account Number		Account Number	
Type of Account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	Type of Account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES

Company Name	Contact Name
Address	Phone 1
City, State ZIP Code	Phone 2
Business Relationship since	E-mail
Company Name	Contact Name
Address	Phone 1
City, State ZIP Code	Phone 2
Date Business Relationship started	E-mail
Company Name	Contact Name
Address	Phone 1
City, State ZIP Code	Phone 2
Date Business Relationship started	E-mail

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 USA TRANSLATIONS to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURE

Signature		Name	
Date		Title	

After completion, please send this application to clients@usatranslations.com. THANK YOU!