Anna Evergreen, LLC

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

# BUSINESS CONTACT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | Date business commenced |  |
| Company name |  | Sole proprietorship |  |
| FEIN or Social Security No. |  | Partnership |  |
| Phone | Fax |  | Corporation |  |
| E-mail |  | Other |  |
| Registered company addressCity, State ZIP Code |  | | |  |

# 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/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 | Savings  Checking  Other | Other |  |

# agreement

1. All invoices are due on receipt.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Anna Evergreen, LLC to make inquiries into the banking and business/trade references that you have supplied.

# SIGNATURES

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Signature |  |
| Name and Title |  | Name and Title |  |
| Driver’s License No. |  | Driver’s License No. |  |
| Date |  | Date |  |