

## BaggingGuys – Fax to 717-767-2929 CREDIT APPLICATION FOR A BUSINESS ACCOUNT

### BUSINESS CONTACT INFORMATION

Full Business Name:

D&B Rating:

Federal Tax ID#:

Phone:

Fax:

E-mail:

Date business commenced:

Principals, Titles, Home Addresses, & Phone Numbers

A)

B)

C)

### BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State:

ZIP Code:

How long at current address?

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account

Account number

Savings

Checking

### BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Account #:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Account #:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Account #:

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

### SIGNATURES

Title:  
Date:

Title:  
Date: