



Rewriting your expectations

CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Company Name: ASI/PPAI #: Street Address: City: ST: Zip Code: Phone: Email: AP Contact: Phone: Email: Sales Contact: Phone: Email:

BUSINESS OWNERSHIP INFORMATION

Name Of Parent Company: Tax ID #: Company Officer: Title:

BANKING INFORMATION

Bank Name: Credit Line Requested: \$ Checking Account #: Savings Account #:

BUSINESS/TRADE REFERENCES

Table with 4 columns: Company name, Address, City, State ZIP Code, Type of account, Phone, Fax, E-mail, Other. Repeated 3 times.

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 14 working days. 3. By submitting this application, you authorize RiteLine, LLC to make inquiries into the banking and business/trade references that you have supplied.

ELECTRONIC SIGNATURES

Name: Title: Date: (Two columns)

Rely on RiteLine, the Promotional Pen Experts