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| Mark-it LogoCredit Application |
| Business Contact Information |
| Title: |
| Company name: |
| Phone: | Fax: | E-mail: |
| Registered company address: |
| City: | State: | ZIP Code: |
| Date business commenced: |
| Sole proprietorship: | Partnership: | Corporation: | Other: |
| BANK Information |
| Bank name: |
| Bank address: | Phone: |
| City: | State: | ZIP Code: |
| Type of account: | Account number: |
| Savings |  |
| Checking |  |
| Other |  |
| Business/trade references |
| Company name: |
| Address: |
| City: | State: | ZIP Code: |
| Phone: | Fax: | E-mail: |
| Type of account: |
| Company name: |
| Address: |
| City: | State: | ZIP Code: |
| Phone: | Fax: | E-mail: |
| Type of account: |
| Company name: |
| Address: |
| City: | State: | ZIP Code: |
| Phone: | Fax: | E-mail: |
| Type of account: |
| Agreement |
| 1. All invoices are to be paid 21 days from the date of the invoice.
2. Claims arising from invoices must be made within 7 working days.
3. By submitting this application, you authorize Mark-it Express, LLC to make inquiries into the banking and business/trade references that you have supplied.
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| Signatures |
| Signed:Date: | Title: |