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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. | | | | | |
| Signatures | | | | | |
| Signed:  Date: | | | | Title: | |