



Business Credit Application

General

Name of Business		Type of Business	D & B #
Street Address		Date of Incorporation	Prone #
City	State / Province	Zip Code	Federal Tax ID Number
Name(s) of Owners			
Credit Amount Requested	Annual Sales	Accounts Payable Contact	Accounts Payable Email

Bank References

Bank		Account #	
Street Address			
City	State / Province	Zip Code	Financial Statement Available? YES NO
Phone #	Contact at Bank		Email

Trade References

1. Name			
Address			Prone #
City	State / Province	Zip Code	Email

2. Name			
Address			Prone #
City	State / Province	Zip Code	Email

3. Name			
Address			Prone #
City	State / Province	Zip Code	Email

I, legally authorized by the company, declare that the information given by myself is to the extent of my knowledge, correct. I authorize your company and/or agent to conduct a full investigation with my Bank and/or trade references for the sole purpose of credit granting. I also acknowledge that this credit information will be periodically updated for the purpose of reviewing our credit standing. The credit granting remains at Anatomie's discretion and therefore could be cancelled or revised at any time without notice. In the event any third parties are employed to collect any outstanding balance the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

Signature

Date