

BarProducts.com Inc			
CREDIT APPLICATION FOR A BUSINESS ACCOUNT			
BUSINESS CONTACT INFORMATION			
Title:			
Company name:			
Phone:	Fax:	Email:	
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:			
Sole proprietorship:	<input type="checkbox"/>	Partnership:	<input type="checkbox"/>
Corporation:	<input type="checkbox"/>	Other:	
Officers Of Company			
Name:		Position:	
Phone:		Extension:	
Email:		Fax:	
Name:		Position:	
Phone:		Extension:	
Email:		Fax:	
Name:		Position:	
Phone:		Extension:	
Email:		Fax:	
Name:		Position:	
Phone:		Extension:	
Email:		Fax:	
BUSINESS AND CREDIT INFORMATION			
Primary business address:			
City:		State:	ZIP:
How long at current address?			
Bank name:		Phone:	
Bank address:		Fax:	
City: State:		ZIP	
Type of account	Account number		
Savings			
Checking			
Bank Contact Information:	Name:	Phone:	

Vendor Must Provide Any Trade History And Their Appropriate Contact Information:
Applications will be refused if trade references are not supplied!

BUSINESS/TRADE REFERENCES (Vendor Must Fill In All Blanks)			
Company name:		Contact:	
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:		Contact:	
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:		Contact:	
Address:			
City: State:			ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Acceptance & Authorization:			
1: All invoices are to be paid within the terms given on invoice.			
2: Claims arising from invoices must be made within seven working days.			
3: By submitting this application, you authorize Barproducts.com Inc. to make inquiries into the banking and business/trade references that you have supplied.			
SIGNATURES			
Title_____		Title_____	
Date_____		Date_____	