



Print form and fax to 303-290-9025
Application for Credit

11211 East Arapahoe Road, Suite 101 Centennial, CO 80112-3851 tel 303 290 8500 fax 303 290 9025 www.businessword.com

Company Name Phone Number

Address

City State Zip

Type of Business Years in Business At Present Location

Type of Ownership: Corporation [] Partnership [] Individual []

If Partnership, Name Partners--If Corporation, Name Officers

Table with 4 columns: Name, Home Address, Address, Title

Tax Exempt? No [] Yes [] If so, Tax ID# _____ Please enclose a copy of your tax certificate

Name of Bank Account Number

Address

City State Zip

Phone Number

Credit References

Please list companies who normally respond to credit inquiries. Do not list credit card accounts, phone company, insurance company or public service company.

Table with 4 columns: Vendor Name, Street Address, City & State, Phone #, Acct #

Agreement

- Applicant agrees that extension of credit by seller shall be subject to and in consideration of the following:
1. Payment terms are net 30 days from invoice date.
2. Past-due balances are subject to a service charge of 1.5% per month. This is an annual percentage rate of 18%.
3. Should it be necessary to assign the account balance to a licensed collection agency or attorney for legal action, all subsequent collection costs and reasonable attorney's fees shall be paid by the applicant and any all guarantor(s).
4. All disputed invoices must be claimed in writing within 10 days of invoice date.
5. The undersigned hereby authorizes the above mentioned banks and companies to release information requested, and authorizes The Business Word, Inc. to obtain any investigative reports on applicant.
6. The undersigned agrees to the terms and conditions stated herein and attests to the financial responsibility, ability and willingness of the Applicant to pay our invoices in accordance with our terms.

Signed: _____ Title: _____ Date: _____
Must be officer, owner, or partner.