



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Account Type

Private Label	Distributor	Retailer	Dealer	Direct/Grower
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Title: _____

Company Name: _____

Phone: _____ E-mail: _____

Registered Company Address: _____

City: _____ State: _____ Zip Code: _____

Date Business Commenced: _____

Sole Proprietorship: _____ Partnership: _____ Corporation: _____ Other: _____

BUSINESS AND CREDIT INFORMATION

Primary Business Address: _____

City: _____ State: _____ Zip Code: _____

How Long At Current Address: _____

Phone: _____ E-mail: _____

Bank Name: _____

Bank Address: _____ Phone: _____

Bank City: _____ Bank State: _____ Bank Zip Code: _____

Type of Account: (Savings/Checking) _____

Savings: _____

Checking: _____

Credit Limit Requested: _____

BUSINESS/TRADE REFERENCES

Company Name: _____

Primary Business Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Type of Account: _____

Company Name: _____

Primary Business Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Type of Account: _____

Company Name: _____

Primary Business Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Type of Account: _____

AGREEMENT

- All invoices are to be paid 30 days from the date of the invoice, unless otherwise agreed by both parties.
- Please refer to agreement/contract for payment terms. Invoices balances that exceed approved credit limit are due on Net 30 Terms.
- Claims arising from invoices must be made within seven working days.
- By submitting this application, you authorize Advanta US to make inquiries into the banking and business/trade/references that you have submitted.

Printed Name: _____

Signature: _____

Date: _____