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| **CONTACT INFORMATION**  \\Sagr_svr-1\network\SAGR\SAGR LOGOS\SAGR LOGO SMALLER FOR WEB.jpg | | | | | |
| YOUR NAME | | | TITLE | | |
| EMAIL | | | PHONE | | |
|  | | | | | |
| **BUSINESS INFORMATION AS REGISTERED** | | | | | |
| COMPANY NAME | | | | | |
| ADDRESS | | | | PHONE | |
| CITY | STATE | | | | ZIP CODE |
| LENGTH OF TIME AT CURRENT ADDRESS: \_\_\_\_\_\_ YEARS \_\_\_\_\_\_ MONTHS | | | | | |
| TYPE OF BUSINESS : SOLE PROPRIETORSHIP | PARTNERSHIP | LLC | CORPORTATION | OTHER | | | | | |
|  | | | | | |
| BANK INFORMATION | | | | | |
| BANK NAME | | | | CONTACT NAME | |
| ADDRESS | | | | PHONE | |
| CITY | | STATE | | | ZIP CODE |
| CHECKING ACCOUNT NUMBER: | |  | | | |
|  | |  | | | |
|  | |  | | | |
|  | |  | | | |
|  | | | | | |
| BUSINESS REFERENCES | | | | | |
| Please provide us at least three other companies your business has established credit with previously | | | | | |
|  | | | | | |
| 1 | COMPANY | | | | CONTACT NAME | |
| PHONE | | | | EMAIL | |
| ADDRESS | | | | TITLE | |
| CITY | STATE | | | | ZIP CODE |
|  | | | | | |
| 2 | COMPANY | | | | CONTACT NAME | |
| PHONE | | | | EMAIL | |
| ADDRESS | | | | TITLE | |
| CITY | STATE | | | | ZIP CODE |
| Continue on to next page PAGE 1 OF 2 | | | | | |
| BUSINESS REFERENCES | | | | | |
| Continued from previous page … | | | | | |
|  | | | | | |
| 3 | COMPANY | | | | CONTACT NAME | |
| PHONE | | | | EMAIL | |
| ADDRESS | | | | TITLE | |
| CITY | STATE | | | | ZIP CODE |
|  | | | | | |
| 4 | COMPANY | | | | CONTACT NAME | |
| PHONE | | | | EMAIL | |
| ADDRESS | | | | TITLE | |
| CITY | STATE | | | | ZIP CODE |
|  | | | | | |
| CREDIT AGREEMENT | | | | | |
| 1. I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. 2. All invoices are to be paid 30 days from the date of the invoice. Past due invoices may be subject to a late fee per month on the unpaid balance. 3. Claims arising from invoices must be made within seven working days. 4. I hereby authorize the bank and trade references listed in this credit application to release necessary information to your company in order to verify the information contained herein. | | | | | |
|  | | | | | |
| COMPANY REPRESENTATIVES | | | | | |
| 1 | SIGNATURE | | | | TITLE | |
| NAME | | | | DATE | |
|  | | | | | |
| 2 | SIGNATURE | | | | TITLE | |
| NAME | | | | DATE | |
|  | | | | | |
|  | | | | | |
|  | | | | PAGE 2 OF 2 | |