

CREDIT APPLICATION

BankSupplies, Inc.

43430 N. I-94 Service Dr.
Belleville, MI 48111
Phone: (734) 699-4040
Fax: (734) 699-1428

AFTER COMPLETING THIS FORM, PLEASE PRINT, SIGN AND FAX TO: 734-699-1428

Date: _____

Your Company (bill to location):

Company Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: () _____

Fax: () _____

Accounts Payable Contact Person: _____

Bank Name: _____ Bank Phone# () _____

Bank Address: _____

Bank Account Representative: _____

Tax Exempt I.D. # (if applicable): _____

How many years in business: _____

How many years @ current location: _____

Credit References:

Company Name	Credit Area Contact Person	Phone	Fax# <i>*MUST HAVE</i>
_____	_____	() _____	() _____
_____	_____	() _____	() _____
_____	_____	() _____	() _____
_____	_____	() _____	() _____
_____	_____	() _____	() _____

I am certain that all of the above information is current and accurate to the best of my knowledge. I agree to pay our bills in 30 days or less.

Signature _____ Date _____

Title _____