



IRBN, Inc.
CREDIT APPLICATION
FOR A BUSINESS ACCOUNT

Business Contact Information

Primary Contact:	Title:		
Company Name:			
Phone:	Fax:	E-mail:	
Registered Company Address:	Tax ID:		
City:	State:	Zip:	
<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other: _____

Business & Credit Information

Primary Business Address:		
City:	State:	Zip:
Length at Current Address?		
Phone:	Fax:	E-mail:
Bank Name:		
Bank Address:	Phone:	
City:	State:	Zip:
Type of Account	Account Number	
<input type="checkbox"/> Savings :		
<input type="checkbox"/> Checking :		
<input type="checkbox"/> Other :		

Authorized Purchaser / Principal

Name:	SSN:	
Home Address:	Title:	
City:	State:	Zip:
Phone:	Fax:	E-mail:

References

Business Name:	Monthly Purchases:	
Address:	Terms:	
City:	State:	Zip:
Phone:	Fax:	E-mail:

Business Name:		Monthly Purchases:
Address:		Terms:
City:	State:	Zip:
Phone:	Fax:	E-mail:

Business Name:		Monthly Purchases:
Address:		Terms:
City:	State:	Zip:
Phone:	Fax:	E-mail:

Agreement

1. All invoices are to be paid within invoice specified terms.
2. Claims arising from invoices must be made within 24 hours.
3. By submitting this application, you authorize IRBN, Inc. to make inquiries into the banking and business / trade references that you have supplied.
4. Payment terms are granted at the discretion of IRBN, Inc. and are subject to change without notice.
5. This agreement shall be interpreted, construed and enforced in accordance with and governed by the laws of the State of Indiana without giving effect to any conflict of law provisions.
6. Any person signing this Agreement warrants and represents that he/she/it has the authority to enter this Agreement and that he/she/it has been duly authorized to execute this Agreement as, or on behalf of, Applicant.

Signatures

Title: _____ Date: _____	Title: _____ Date: _____
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