



APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Title		Date business commenced	
Company name		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Phone			
E-mail			
Registered company address			

BUSINESS AND CREDIT INFORMATION

How long at current address?		Primary business address (for deliveries)	
Accounts phone number		Accounts Contact name	
Accounts Payable E-mail		Type of account required	<input type="checkbox"/> Cash Sale <input type="checkbox"/> 30 Day <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City		E-mail	
Type of account		Other	

AGREEMENT

1. All invoices are to be paid 30 days End of Month / Prior to order for cash sales.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorise FORTE INDUSTRIES to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	

OFFICE USE ONLY

Approved by		Date	
Customer ID		Terms	