



## Credit Application for a Business Account

<b>Business Contact Information</b>			
Company Name:			
Name and Title:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:
<b>Business and Bank Information</b>			
Primary business address:			
City:	State:	ZIP:	
How long at current address?			
Telephone:	Fax:	E-mail:	
<b>Bank name:</b>			
Bank address:			
City:	State:	ZIP:	Phone:
Type of account (s)	Account number (s)		
Savings			
Checking	Contact		
Other			
<b>Business and trade references</b>			
<b>1. Company name:</b>			
Address:			
City:	State:	ZIP:	
Phone:	Fax:	E-mail:	
Type of account:			
<b>2. Company name:</b>			
Address:			
City:	State:	ZIP:	
Phone:	Fax:	E-mail:	
Type of account:			
<b>3. Company name:</b>			
Address:			
City:	State:	ZIP:	
Phone:	Fax:	E-mail:	
Type of account:			
<b>Agreement</b>			
<ol style="list-style-type: none"> <li>1. If credit is approved, all invoices are to be paid 30 days from the date of the invoice.</li> <li>2. Claims arising from invoices must be made with 7 working days.</li> <li>3. By submitting this application you authorize Olamef USA, Inc. to make enquiries to the banking, savings, business, and/or trade references you have supplied.</li> </ol>			
Signature: _____		Signature: _____	
Title:	Date:	Title:	Date: