**BUSINESS CONTACT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date business commenced | Accounts Payable Info |
| Title |  | Sole proprietorship | Name |
| Company name |  | Partnership |  |
| Phone |  | Corporation | Phone |
| Email |  |  |  |
| Registered company address  City, State, ZIP Code |  |  | Email |

**BUSINESS AND CREDIT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Tax ID / EIN |  | Bank name |  |
| State of incorporation / registration |  | Bank business address  City, State, ZIP Code |  |
| DUNS # |  | Phone |  |
| Annual sales volume |  | Account number |  |
| Total amount of credit line being requested |  | Type of account | Savings  Checking  Other |

**BUSINESS/TRADE REFERENCES**

|  |  |  |  |
| --- | --- | --- | --- |
| Company name |  | Phone |  |
| Address |  | Fax |  |
| City, State ZIP Code |  | E-mail |  |
| Type of account | Savings  Checking  Other | Other |  |
| Company name |  | Phone |  |
| Address |  | Fax |  |
| City, State ZIP Code |  | E-mail |  |
| Type of account | Savings  Checking  Other | Other |  |
| Company name |  | Phone |  |
| Address |  | Fax |  |
| City, State ZIP Code |  | E-mail |  |
| Type of account | Savings  Checking  Other | Other |  |

**AGREEMENT**

All invoices are to be paid Net30 (30-days) from the date of the invoice.

Claims arising from invoices must be made within seven working days.

Your copy of the invoice will be sent to the emails identified above; a physical copy will not be mailed.

By submitting this application, you authorize WetKeys Washable Keyboards to make inquiries into the banking and business/trade references that you have supplied.

**SIGNATURE**

|  |  |
| --- | --- |
| Signature |  |
| Name and Title |  |
| Date |  |