



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

Company Name: DBA:
Parent Company (If Applicable):
Phone : Fax: Email:
Company Address:
City: State: ZIP Code:
Date Business Commenced:
(Circle One): Sole Proprietorship Partnership Corporation
Monthly Credit Limit Requested : \$
(SEI Use Only) Credit Limit Approved \$ Account # Date:
Accounts Payable Contact: Phone:
Accounts Payable Email:
California Resale Number (If Applicable)

(A copy of your CA Resale Certificate must be faxed with this credit application for validation)

BANK REFERENCE

Bank Name: Branch: Account #:
Bank Contact: Phone: Fax:
Bank Contact Email:

BUSINESS / TRADE REFERENCES

Company Name: Account #:
Address:
City: State: ZIP Code:
Phone: Fax: Email:

Company Name: Account #:
Address:
City: State: ZIP Code:
Phone: Fax: Email:

Company Name: Account #:
Address:
City: State: ZIP Code:
Phone: Fax: Email:

AGREEMENT

In consideration of credit being granted to me or to my signed agent(s), I agree fully to the following:

- 1. All invoices are to be paid 30 days from the date of the invoice.
2. Past due invoices are subjected to Steven Enterprises, Inc. published list price and monthly interest (10%) allowable by law.

I hereby grant permission to Steven Enterprises, Inc. and to my listed trade/bank references to verify this information and further do agree to the terms and conditions as stated above.

PLEASE NOTE: APPLICATION MUST BE SIGNED BY AUTHORIZED BANK SIGNER.

Signed: Date:
Name (Print): Title:

PLEASE FILL OUT COMPLETELY, SIGN AND FAX/EMAIL BACK TO (949) 225-0419 or sales@plotters.com