



Credit Application for a Business Account

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Business Contact Information

Company Name:			
Phone:	Fax:	E-mail:	
Company Billing Address:			
City:		State:	ZIP Code:
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other:
A/P Contact:		A/P Email:	
Tax Exempt: <input type="checkbox"/> No <input type="checkbox"/> Yes # <small>(attach copy of certificate)</small>		Preferred Invoicing Method:	<input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> U.S. Mail

Business and Credit Information

Primary Ship-To Address: <small>(If mult. Submit attachment)</small>			<input type="checkbox"/> Same as Billing Address
City:		State:	ZIP Code:
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Savings Account #	Checking Account #	Other Account #	

Business/Trade References

Company Name:			Account #
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Company Name:			Account #
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Company Name:			Account #
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	

Purchasing information

Required Purchase Authorization Reference:	<input type="checkbox"/> PO#	<input type="checkbox"/> Requisition#	<input type="checkbox"/> Name	<input type="checkbox"/> None	<input type="checkbox"/> Other:
Purchase Authorization Levels Required:	<input type="checkbox"/> No	<input type="checkbox"/> Yes:	How Many Levels (1-10):		

USER LIST (If more than 4, submit additional list)

First Name	Last Name	Email Address	User ID	Password	Admin (Y/N)

Agreement

We hereby apply for credit and affirm financial responsibility, ability and willingness to pay invoices in accordance with published terms. Payment terms are net 30 days and begin from date of invoice. All claims arising from invoices must be made within five (5) working days. Invoices not paid within thirty (30) days will be subject to 1.5% finance charge. The above information is warranted to be true and complete. We hereby authorize you to verify and collect information on us, including but not limited to bank references, trade credit references, consumer and/or commercial credit reports. We agree to pay all costs of collection and litigation on this account in accordance with the laws of the Creditor's State of Incorporation. If the buyer is a limited liability company or corporation, the undersigned agrees they will be personally and individually liable for any indebtedness owed by corporation or limited liability company. We agree that all decisions with respect to the extension or continuation of credit shall be in the sole discretion of the Creditor.

Signatures

Title:	Date:	Title:	Date: