



## Credit Application for a Business Account

### Business Contact Information

Contact name:					Title:
Company Name:					E-mail:
Registered company Address:					
City:	State:	ZIP:	Phone:	Fax:	

### Business and Credit Information

Type of Business:	In Business Since:	Tax ID #			
How Long at current address?					
Corporation <input type="checkbox"/>		Partnership <input type="checkbox"/>		Sole Proprietorship <input type="checkbox"/>	
Primary business name:			In Business Since:		
Address:	City:	State:	ZIP:	Phone:	

### Bank References

Institution Name:	Institution Name:	Other:
Checking Account #:	Savings Account #:	
Address:	Address:	
Phone:	Phone:	

### Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:                      Fax:	Phone:                      Fax:	Phone:                      Fax:
Email:	Email:	Email:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Metro Green, LLC to make inquiries into the banking and business/trade reference that you have supplied.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date