



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

Please complete and fax back to 1-855-829-2223. One of our credit specialists will contact you within 24-48 hours.

BUSINESS CONTACT INFORMATION

Title		Date business commenced	
Company name		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Phone Fax			
E-mail			
Registered company address City, State ZIP Code			

BUSINESS AND CREDIT INFORMATION

City, State ZIP Code		Bank name:	
How long at current address?		Primary business address City, State ZIP Code	
Phone		Phone	
Fax		Federal ID Number (EIN)	
E-mail		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

STORE CREDIT REQUEST

Store Number for Account Establishment: _____ Amount of Credit Requested: _____

AGREEMENT

- All invoices are to be paid 15 days from the date of the invoice.
- All invoices will be sent electronically to: _____ (email address)
- Failure to pay invoices within 15 days without written notice of extension will result in a collections claim.
- Claims arising from invoices must be made within seven working days.
- By submitting this application, you authorize Green Day Cafe & all affiliated companies to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES AND AUTHORIZED ACCOUNT USERS

Signature		AUTH NAME 1	
Name and Title		AUTH NAME 2	
Date		AUTH NAME 3	

* TERMS AND CONDITIONS ARE SUBJECT TO CHANGE. ALL CHANGES WILL BE MADE VIA EMAIL AND WILL BE GIVEN 30 DAYS PRIOR NOTICE.