



Credit Application for a Business Account

Business Contact Information

Company name (Legal Entity Name) and State of Incorporation (example - FirstStaff Inc., State of Arkansas):		Duns Bradstreet Number (if applicable):	
Physical address:			
City:		State:	Zip:
Length at current address:			
<input type="checkbox"/> Check here if mailing address is the same as physical address			
Mailing address:			
City:		State:	Zip:
Phone:	Fax:	Web:	
Date business commenced:			
Business type: <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other: _____			
Person who places orders with FirstStaff Inc.: _____ <small>First Name</small> <small>Last Name</small>			
Phone: _____ Fax: _____ Email: _____			
Accounts Payable Information			
Invoice A/P contact: _____ <small>First Name</small> <small>Last Name</small>			
Title:			
Mailing address:			
City:		State:	Zip:
Direct phone:	Fax:	Email:	
Send invoices to the attention of: _____ <small>First Name</small> <small>Last Name</small>			
Preferred invoicing method: <input type="checkbox"/> Mail <input type="checkbox"/> Email			
Email address:			

Bank and Credit References			
Bank name:		Contact:	
Address:			
City:	State:	Zip:	Phone:
Fax:	Email:		
Account type:		Account number:	
Bank name:		Contact:	
Address:			
City:	State:	Zip:	Phone:
Fax:	Email:		
Account type:		Account number:	
Supplier/Vendor References			
Company name:		Contact:	
Address:			
City:	State:	Zip:	Phone:
Fax:	Email:		
Type of account:			
Company name:		Contact:	
Address:			
City:	State:	Zip:	Phone:
Fax:	Email:		
Type of account:			
Company name:		Contact:	
Address:			
City:	State:	Zip:	Phone:
Fax:	Email:		
Type of account:			
Agreement			
<ol style="list-style-type: none"> 1. All invoices are net due upon receipt. FirstStaff Inc. pays immediately the wages for the employee's hours on the invoices. 2. Claims arising from invoices must be made with 7 working days. 3. The information contained in this application and in all financial statements submitted in connection with this document is for the purpose of obtaining credit and is represented to be true and complete by the applicant. 4. By submitting this signed application, the applicant authorizes FirstStaff Inc. to investigate all supplied banking, savings, business, and/or trade references and any matters pertaining to its financial responsibility. 5. The undersigned authorizes its trade references and banks to release complete information for the purpose of credit extension. 			
Authorized Representatives Signatures			
Authorized Representative Signature:		Authorized Representative Signature:	
_____		_____	
Printed Name: _____		Printed Name: _____	
Title: _____		Title: _____	
Date: _____		Date: _____	