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| EZ EZXPORT INC.  19976 HAZELTINE PL  ASHBURN VA 20147  703.404.9251  703.635.2218 Credit Application for a Business Account | | | | | | | | | | |
| Business Contact Information | | | | | | | | | | |
| Title: «Contact» | | | | | | | | | | |
| Company Name: «Name» | | | | | | D-U-N-S#: | | | | |
| Phone: «Phone1» | | | | Fax: «Fax» | | | | | | |
| Registered Company Address:  «Add1»  «Add2»  «Add3»  «Add4» | | | | | | | | | | |
| City: «City1» | | | | | | | | State: «State1» | | Zip: «Zip1» |
| Date Business Commenced: | | | | | | Credit Line Requested: | | | | |
| LLC: | Incorporated: | | | Sole Proprietor: | | | | | | Other: |
| Business and Credit Information | | | | | | | | | | |
| Principal/Partner/Officer: | | | | | | | Social Security #: | | | |
| Home Address: | | | | | | | | | | |
| City: | | | | | State: | | | | | Zip: |
| How long at current address? | | | | | | | | | | |
| Phone: | | | Fax: | | | | | | E-mail: | |
| Bank Name: | | | | | | | | | | |
| Bank Address: | | | | | Phone: | | | | | |
| City: | | | | | State: | | | | | Zip: |
| Type of Account | | Account Number | | | | | | | | |
| Savings | |  | | | | | | | | |
| Checking | |  | | | | | | | | |
| Other | |  | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Business/trade references | | | | |
| Company Name: | | | | |
| Address: | | | | |
| City: | | State: | | Zip: |
| Phone: | Fax: | E-mail: | | |
| Type of Account: | | | | |
| Company Name: | | | | |
| Address: | | | | |
| City: | | State: | | Zip: |
| Phone: | Fax: | E-mail: | | |
| Type of Account | | | | |
| Company Name: | | | | |
| Address: | | | | |
| City: | | State: | | Zip: |
| Phone: | Fax: | E-mail: | | |
| Type of Account | | | | |
| Agreement | | | | |
| 1. All invoices are to be paid 30 days from the date of the invoice. 2. Claims arising from invoices must be made within 5 business days. 3. All overdue invoices bear interest at 1.5% per annum (or maximum allowed by law) on unpaid balance. There is also a 35.00 returned payment fee for any declined checks/automatic withdrawals. 4. In the event of default of payment when due, all costs of collection, including attorney’s fees and court costs, shall be paid by the applicant. 5. Any credit extended to the applicant may be reduced or eliminated in the event «Company», in its reasonable discretion, determines that the applicant’s financial situation or ability to pay is impaired. 6. By submitting this application, you authorize «Company» to make inquiries into the banking and business/trade references that you have supplied. | | | | |
| Signatures | | | | |
| Title:  Date: | | | Title:  Date: | |