

Indian Creek Shooting Systems
 Credit Application for a Business Account

Business Contact Information

Company Name:			
Owner(s):			
Phone:		Cell:	
Email:			
Company Address:			
City:		State:	Zip:
Date Business Opened:			
Check One:			
Sole Proprietorship <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>	Other <input type="checkbox"/>

Business Credit Information

Primary Business Address:		
City:	State:	Zip:
How long at current address?		
Phone:		Cell:
Email:		
Bank Name:		
Bank Address:		
City:	State:	Zip:
Phone:		Fax:
Type Of Account:	Account Number:	
Savings		
Checking		
Other		

Business/Trade References

Company Name:		
Address:		
City:	State:	Zip:
Phone:	Acct #:	
Email:		
Type of Account:		

Company Name:		
Address:		
City:	State:	Zip:
Phone:	Acct #:	
Email:		
Type of Account:		

Company Name:		
Address:		
City:	State:	Zip:
Phone:	Acct #:	
Email:		
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 seven working days.
3. By submitting this application, you authorize Indian Creek Shooting Systems to make inquiries into the banking and business/trade references that you have supplied.

Signatures

Signature:	Date:
Signature:	Date: