

Customer Credit Application

BUSINESS CONTACT INFORMATION										
COMPANY NAME										
COMPANY ADDRESS - Street, City, State, Zip Code										
MAIN CONTACT INFORMATION										
Name				Phone Number			Email			
AP CONTACT INFORMATION										
Name				Phone Number			Email			
DESIRED CREDIT LIMIT - (Place an X to Select)										
☐	Sole Proprietorship		☐	Partnership		☐	Corporation		☐	Other
Estimated monthly purchases of office supplies, paper, toner, breakroom supplies, and janitorial supplies:									\$	
BANKING INFORMATION										
BANK NAME										
BANK ADDRESS - Street, City, State, Zip Code								BANK PHONE NUMBER		
TYPE OF ACCOUNT (Place an X to Select)						BANK ACCOUNT NUMBER				
☐	Savings		☐	Checking		☐	Other			
BANK CONTACT INFORMATION										
Name				Phone Number			Email			
BUSINESS /TRADE REFERENCES - Provide Company Name, Contact Name, Phone and Email										
1										
2										
TERMS										
1	Open accounts require average monthly spend of \$500 per month.									
2	Terms are Net 30 days from invoice date.									
3	Pricing quoted will be adjusted if using credit cards.									
4	Claims arising from invoices must be made within seven working days.									
5	Any amount not paid within 30 days of the invoice date is subject to an interest/finance charge of 1.5% per month and a \$1.00 minimum.									
6	Furniture purchases and special orders are non-returnable/non-refundable.									
SIGNATURES										
Signature				Name and Title				Date		

By submitting this application, you agree to the above terms, and you authorize AAA Workspace to make inquiries into the banking and business/ trade references that you have supplied.