

LIBERTY INTERNATIONAL, INC.



Credit Application for a Business Account

Business Contact Information

(please print or type)

Contact Name:		Title:	
Company Name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP:	
Date business commenced:		Tax ID #:	
Sole proprietorship:	Partnership:	Corporation: State Incorporated:	Other:
Have you ever done business with us?		If yes, company name?	
Have you ever filed for Bankruptcy?			

Business and Credit Information

Primary business address:			
City:	State:	ZIP:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Dunn & Bradstreet Number:			
Bank name:		Contact Name:	
Bank address:			
City:	State:	ZIP:	Phone:
Type of account	Account number		
Savings			
Checking			
Other			

Business and/or 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 C.O.D until credit application has been approved and payment Terms have been established
2. Disputes must be made with 7 working days.
3. By submitting this application you authorized LIBERTY INT'L INC. & DIVISIONS to make inquiries to the banking, savings, business, and/or trade references you have supplied.
4. All information, including Fax #'s, must be provided to avoid delays in processing

Signatures

Print Name:	Signature:
Print Title:	Date:

Liberty Use Only:

Submitted by: _____ Date: _____