

BankSupplies Inc. CREDIT APPLICATION

**AFTER COMPLETING THIS FORM PLEASE
EMAIL TO bsi-store@banksupplies.com or FAX TO 734-699-1428**

Date: _____

Company Name: _____

Applicant's Name/Title: _____

Billing Address 1: _____

Billing Address 2: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Accounts Payable Contact: _____ PH _____

Accounts Payable Email: _____

Preferred method to receive invoices: Email _____ Fax _____ US Mail _____

Credit References: **MINIMUM OF 3**

Please confirm your trade reference information before submission. Incorrect information will delay the processing of your application. Processing can take up to two weeks.

Company Name: Contact Person: Phone#: Email: **REQUIRED**

All information contained herein will be kept strictly confidential. I hereby authorize the institutions listed in this credit application to release all necessary information to BankSupplies Inc. By returning this document to BankSupplies Inc., I hereby certify that the information contained herein is complete and accurate. This information is furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. We agree to pay our bills according to the terms granted to us.

Internal Use Only

Acct#: _____ CSR/Sales Rep: _____ Approved: _____ Credit Limit: _____