



APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BILLING INFORMATION

Billing Address:			
City:	State:	ZIP Code:	
Preferred method of billing:			
Telephone:	Fax:	E-mail:	
Preferred Payment method:			
Accounts Payable Contact:	Phone:		

Please note: All accounts are payable upon receipt of service or as stated in the agreed upon credit terms. In the event that credit terms are granted, payment will be due in full by the agreed upon terms; failure to abide by these terms will result in a hold on any and all future shipments as well as an accumulation of charges arising from any and all collection and or legal fees. It is our policy at Pelham Services Ca. Corp to provide our customers with the best and most cost efficient services in the market, we ask that you work with us so that we can continue to provide you with the best rates possible.

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. All invoices are to be paid upon receipt of services unless otherwise noted.
2. Claims arising from invoices must be made within two working days.
3. By submitting this application, you authorize Pelham Services Ca Corp. to make inquiries into the business/trade references that you have supplied.

SIGNATURES

Title: Date:	<p style="text-align: center;">Inter Office Use Only</p> DATE: ____/____/____ CREDIT LIMIT: _____ APPROVED BY: _____
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