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research	analysis	consultation	technolo	ogy development
GENERAL INFORMATI	ION:			
Full Legal Name of Bu	siness:			
Address:	City, State, Zip:			
Phone: () ·	Fax: ()			
E-Mail:	Web Page:			
# of Employees:	Year Established:			
Type of Business: [] LLC	2 3 1	[] Partnership		
State Incorpora	ated	Tax ID Number:		_
INFORMATION ON OW	NERS OR PRINCIPAL	<u>s</u> :		
Name:	Title:			
Home Address:	Home Phone:			
Name:	Title:			
Home Address:	Home Phone:			
BANK REFERENCE:				
Bank:	City, State, Zip:			
Address:	Phone:			
Checking Acct.#:		Savings Acct. #	<u> </u>	
TRADE REFERENCES: Name:		(2)		(3)
Address:				
City, St, Zip:				
Phone:				
.75% per month fi credit limit may no the costs and expe	nance charge (9% per annot ot be extended further crea crises of collection of amou	Agreement to Terms: Days and all accounts not paid with num) subject to change without not dit and may be subject to accelerate nts past due, including finance cha erms and conditions of sale.	ice. All delinquent accoun ed collection procedures.	ts exceeding their Buyer agrees to pay
By: ————————————————————————————————————	gnature	Printed Name	Title	Date