

Boiler Room Services, Incorporated
CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Title:

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

Zip:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State:

Zip:

How long at current address?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

Zip:

Type of account

Account number

Savings

Checking

Other

BUSINESS/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 paid as stated from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Boiler Room Services Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:

Title:

Date:

Date: