



MIKE COLLINS & ASSOCIATES

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Company Name:			
Primary Contact Name:		Title:	
Phone:	Fax:	E-mail:	
Contact Address:			
City:		State:	ZIP Code:
Website Address:		Year Business Established:	
Type of Business:	Tax Exempt (X) _____	Certification # _____	Attach Tax Exempt Form
Requested Credit Limit:		Requested Terms: Net 10	Net 30 Credit Card

BILLING INFORMATION

Billing Address:			
City:		State:	Zip Code:
PO Contact:		Phone:	Fax:
Accts. Payable Contact:		Preferred Method for Invoices Email or Print:	
Telephone:	Fax:	E-mail:	
Bank Information (Required for Credit Limit over \$5,000):			
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account:		Account number	
Savings	Checking	Other	

COMPLETE BUSINESS/TRADE REFERENCES OR PROVIDE ATTACHED LIST

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

AGREEMENT

1. All invoices are to be paid within the terms provided by MCA, and may be subject to finance charges if not paid 30 days from the date of the invoice.
2. By submitting this application, you authorize MCA to make inquiries into the banking and business references that you have supplied.

SIGNATURES

Title:		Title:	
Date:		Date:	

After complete email to accounting@mcollins.com or Fax to 423-892-4589