

ProFillment, LLC. 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:			
City:	State:	ZIP:	Phone:
Type of account	Account number		
Savings			
Checking			
Other			
Business and/or 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			
<ol style="list-style-type: none"> 1. All invoices are to be paid 30 days from the date of the invoice. 2. Claims arising from invoices must be made within 7 working days. 3. By submitting this application you authorize ProFillment, LLC. to make enquiries to the banking, savings, business, and/or trade references you have supplied. 			
Signatures			
Title:		Title:	
Date:		Date:	

ProFillment, LLC



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