MORE PREPARED LLC CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION					
Title		Date business commenced			
Company name		☐ Sole proprietorship			
Phone Fax		☐ Partnership			
E-mail		☐ Corporation			
Registered company address		□ Other			
City, State ZIP Code	DUCINECC AND ODE	DIT INFORMATION			
BUSINESS AND CREDIT INFORMATION					
City, State ZIP Code		Bank name:			
How long at current address?		Primary business address City, State ZIP Code			
Phone		Phone			
Fax		Account number			
E-mail		Type of account	□Savings □ Checking □ Other		
BUSINESS/TRADE REFERENCES					
Company name		Phone			
Address		Fax			
City, State ZIP Code		E-mail			
Account #		Contact Name			
Company name		Phone			
Address		Fax			
City, State ZIP Code		E-mail			
Account #		Contact Name			
Company name		Phone			
Address		Fax			
City, State ZIP Code		E-mail			
Account #		Contact Name			
AGREEMENT					

- 1. All invoices are to be paid 30 days 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 MORE PREPARED LLC to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES				
Signature		Signature		
Name and Title		Name and Title		
Date		Date		