



BUSINESS CONTACT INFORMATION

Company name		A/P contact name	
Primary business address		A/P phone number	
City		A/P fax	
State / Country		A/P email	
ZIP Code		Date business commenced	
Phone number		Type of business (check one)	
Tax ID		<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Partnership
D&B number		<input type="checkbox"/> Corporation	<input type="checkbox"/> Other:

BANK AND CREDIT INFORMATION

Bank name		Contact name	
Address		Phone number	
City		Fax	
State		Account number	
Zip		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES

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

AGREEMENT

1. By submitting this application, you authorize B2X, LLC to make inquiries into the banking and business/trade references that you have supplied in order to establish credit worthiness. You have agreed to provide financial statements as requested. Should credit terms be granted, B2X, LLC, at its sole discretion may at any time cease further extensions of credit to the company.
2. All invoices are to be paid 30 days from the date of the invoice, unless otherwise indicated on the said invoice. You agree to pay all invoices when due.
3. All past due amounts shall bear the lessor of 1.5% per month or the maximum rate permitted by law until paid. You agree to pay all costs of collections or legal fees should such an action be necessary due to non-payment.
4. Claims arising from invoices must be made within seven (7) working days.

SIGNATURES **OFFICE USE ONLY**

Signature		Credit Line	
Name and Title		Terms	
Date		Date	