

Expert Messenger Inc.  
**CREDIT APPLICATION FOR A BUSINESS ACCOUNT**

Phone 727-343-8863

Fax 727-527-9291

**BUSINESS CONTACT INFORMATION**

Title:

Company Name:

Phone:

Fax:

Email:

Registered Company Address:

City:

State:

Zipcode:

Date Business Commenced:

Sole Proprietorship:

Partnership:

Corporation:

Other:

**BUSINESS AND CREDIT INFORMATION**

Primary Business Address:

City:

State:

Zipcode:

Time at Current Address:

Phone:

Fax:

Email:

Accounting Contact:

Email for Invoices:

Bank Name:

Bank Address:

City:

State:

Zipcode:

Type of Account:

Savings \_\_\_\_\_

Checking \_\_\_\_\_

**BUSINESS/TRADE REFERENCES**

Company Name:

Address:

City:

State:

Zipcode:

Phone:

Fax:

Email:

Type of Account:

Company Name:

Address:

City:

State:

Zipcode:

Phone:

Fax:

Email:

Type of Account:

Company Name:

Address:

City:

State:

Zipcode:

Phone:

Fax:

Email:

Type of Account:

**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 Expert Messenger Inc. to make inquiries into the banking and business/trade references that you have supplied.

**SIGNATURES**

Title:

Date:

Title:

Date: