



Account Credit Application Form

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|--------------------------------|
| FOR INTERNAL OFFICE USE |
| Sales Rep Name: _____ |
| Phone: _____ |

Date: _____/_____/_____ Credit Amount Requested: \$ _____
(financial statement may be required)

Legal Company Name: _____

Officer(s) Name: _____

Authorized Accounts Payable Person: _____

Company Type: Corporation Partnership Sole Proprietorship Other _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Federal Tax ID: _____ SSN: _____

Nature of Your Business: _____

In Business Since: _____

****If your company is a corporation, please list names, addresses and SSN's of all officers on a separate sheet of paper.****

Name of Bank Where Company Accounts are Located: _____

Routing Number: _____ Checking Account Number: _____

Bank Phone #: _____ Bank Fax #: _____

Name of Bank Contact: _____ Bank Contact Phone #: _____

LIST THREE TRADE REFERENCES BELOW:

Name: _____ Phone: _____ Fax: _____

Address: _____ Contact/Acct No.: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone: _____ Fax: _____

Address: _____ Contact/Acct No.: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone: _____ Fax: _____

Address: _____ Contact/Acct No.: _____

City: _____ State: _____ Zip: _____

I hereby authorize all parties listed above to disclose information on open accounts, lines of credit, and other pertinent information relevant to establish an account with interactiveinfo.net. I also authorize interactiveinfo.net to check officer's credit report for the purpose of due diligence. I also agree to the Service Agreement which I have signed and submitted to interactiveinfo.net. I further understand that if consumer reports are purchased by my company for any other reason other than the permissible purposes as stated in Article 604 of the Fair Credit Reporting Act, the account will be cancelled immediately.

Signature

Title

Printed Name

Date