



**FLAT RATE**  
 INC.  
 EST. 2010  
 CONVEYORS-PUMPS-SIDE DUMPS  
 WWW.TEAMFLATRATE.COM

## CREDIT APPLICATION FOR A BUSINESS ACCOUT

### BUSINESS CONTACT INFORMATION

Company Name		Date business commenced	AP Name:
Tax Identification Number		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	AP Email:
Phone   Fax			AP Phone:
E-mail			
Company Physical Address City, State ZIP Code			

### BUSINESS AND CREDIT INFORMATION

Owners Physical Address City, State ZIP Code		Bank name:	
How long at current address?		Business Mailing Address City, State ZIP Code	
Phone		Phone	
Fax		Account number	
E-mail		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	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	

### AGREEMENT

- All invoices are to be paid 30 days from the date of the invoice.
- Claims arising from invoices must be made within seven working days.
- By submitting this application, you authorize Flat Rate, Inc. 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	