

CoastIPC

APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Preparer's Name and Title:

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Federal Tax ID#

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State:

ZIP Code:

How long at current address?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account

Account number

Savings

Checking

Other

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice. Interest of 1.5%/month on overdue invoices. All returns require a Return Authorization Number.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize CoastIPC to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Name:

(Office Use Only)

Title:

Date:

PLEASE SUBMIT TO