

CT NATURAL

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Title:

Company Name:

Phone:

Fax:

E-mail:

Registered Company Address:

City:

State:

ZIP Code:

Date Business Commenced:

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

Purchase Order Required:

Yes ☐

No ☐

Dun & Bradstreet Number:

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 according to payment terms which begin 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 CT NATURAL to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:
Date:

Title:
Date: