

Credit Application for a Business Account

with Forklift Solutions, inc.

2334 E Atlanta Ave, Phoenix Az 85040

Title:							
Company Name:							
Phone:		Fax:		E-mail:			
Registered Company Address:							
City:		State:		Zip Code:			
Date Business Commenced:							
Sole Proprietorship:	<input type="checkbox"/>	Partnership:	<input type="checkbox"/>	Corporation:	<input type="checkbox"/>	Other:	<input type="checkbox"/>

Business and Credit Information

Primary Business Address:						
City:		State:		Zip Code:		
How Long at Current Address:						
Phone:		Fax:		E-mail:		
Bank Name:						
Bank Address:					Phone:	
City:		State:		Zip Code:		
Type of Account		Account Number				
Savings	<input type="checkbox"/>					
Checking	<input type="checkbox"/>					
Other	<input type="checkbox"/>					

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 10 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 Forklift Solutions, Inc. to make inquiries into the banking and business / trade references that you have supplied.

Signatures

Title:		Title:	
Date:		Date:	

Please complete form and fax to 480-893-2344