

Equilibrar LLC. CREDIT APPLICATION

APPLICANT INFORMATION

Company Name:				
Phone #:				
Email:				
Current Shipping Address			Current Billing Address:	
Length of Time at Current Address:				
How long have you been in business?			Year Business Started:	
Type of Business:				
Sole Proprietorship	Partnership	LLC	Corporation	Other: _____

CONTACT INFORMATION

Buyer Name:		Accounts Payable Contact: AP		
Buyer Phone #:		Phone:		
Email:		AP Email:		

Bank Information

Bank Name:		Contact Name:		
Address:		Phone:		
		Email:		

Type OF Account:	Account Number
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Savings:

Checking:

BUSINESS REFERENCES – PLEASE LIST A U.S. COMPANY THAT HAS GRANTED YOU NET 30 DAY TERMS THAT YOU HAVE DONE BUSINESS WITH IN THE LAST 12 MONTHS. PLEASE LIST AT LEAST ONE. Business reference must have granted credit for at least half the amount you are purchasing from Equilibrar.

COMPANY NAME:

CONTACT NAME:	Phone:
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EMAIL:

ADDRESS:	State:	ZIP Code:
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City:	MONTH OF BUSINESS:	HOW MUCH CREDIT:
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COMPANY NAME:

CONTACT NAME:	Phone:
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EMAIL:

ADDRESS:	State:	Zip Code:
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City:	Month of Business:	How Much Credit:
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