

# B2B Customer Account Application Form

Please complete all sections of this application form to apply for a business credit account. Print and return the completed form via email or physical mail.

## Section 1: Company Information

Registered Legal Name:	<input type="text"/>
DBA / Trade Name (if applicable):	<input type="text"/>
Company Registration Number:	<input type="text"/>
VAT / Tax Identification Number:	<input type="text"/>
Year Established:	<input type="text"/>
Type of Business (e.g., Corp, LLC, Partnership):	<input type="text"/>
Company Website URL:	<input type="text"/>

## Section 2: Address Details

### Registered Billing Address

Street Address:	<input type="text"/>
City:	<input type="text"/>
State / Province:	<input type="text"/>
Postal Code / ZIP:	<input type="text"/>
Country:	<input type="text"/>

### Shipping Address (If different from Billing)

Street Address:	<input type="text"/>
City:	<input type="text"/>
State / Province:	<input type="text"/>
Postal Code / ZIP:	<input type="text"/>
Country:	<input type="text"/>

## Section 3: Key Contact Information

### Accounts Payable Contact

Accounts Payable Name:	<input type="text"/>
Accounts Payable Email:	<input type="text"/>
Accounts Payable Phone:	<input type="text"/>

### Purchasing Contact

Purchasing Contact Name:	<input type="text"/>
Purchasing Contact Email:	<input type="text"/>
Purchasing Contact Phone:	<input type="text"/>

## Section 4: Bank Details

Bank Name:   
Branch Address:   
Account Number:   
Routing Number / Sort Code / BIC:

## Section 5: Trade References

### Reference 1

Company Name:   
Contact Person:   
Email Address:   
Phone Number:

### Reference 2

Company Name:   
Contact Person:   
Email Address:   
Phone Number:

## Section 6: Credit Limit Requested

Requested Credit Amount (USD):

## Section 7: Terms and Declaration

By signing this application, the applicant authorizes investigation of all references and bank information provided. The applicant agrees to adhere to standard credit terms of Net 30 days from invoice date, unless otherwise specified in writing.

Authorized Officer Name (Print):   
Title / Position:   
Date (DD/MM/YYYY):   
Handwritten Signature (upon printing):