

Business Customer Account Registration Form

Please complete this form in block letters to register your business account.

1. Company Information

Registered Company Name:

Trading Name (if different):

Company Registration Number:

Tax ID / VAT Number:

Industry / Line of Business:

Date of Incorporation:

2. Contact Details

Primary Contact Person:

Job Title:

Telephone Number:

Email Address:

Company Website:

3. Business Address

Street Address:

City:

State / Province / Region:

Postal / ZIP Code:

Country:

4. Billing & Financial Information

Billing Contact Person:

Billing Email Address:

Billing Address (if different from above):

Requested Credit Limit:

Preferred Payment Terms:

5. Authorization & Agreement

By signing below, the business applicant authorizes the verification of the provided information and agrees to the terms of service.

Authorized Signatory Name:

Title / Position:

Signature (Sign within the box):

Date: