

Application for Business Credit

In order to extend a line of credit and establish Net 30 payment terms for future Purchase Orders, the following information must be collected from your organization. All fields are required and should be filled out accurately and to the best of your ability by an authorized company representative. Credit applications will be considered for businesses only and will not be allocated for individual use. Business must be registered for a minimum of two years to apply for credit terms. Maximum credit terms extended will be Net 30 days. Please allow one to two weeks to process this application. Incomplete or inaccurate applications will delay processing. Please return completed applications to sales@acxesspring.com for processing.

Background Information

Business Name					
Contact Name			Phone Number		
			Email Address		
Business Mailing Address					
City:		State:		Zip Code	
Physical Address					
City:		State:		Zip Code	
Phone Number			Fax Number		
Website			EIN #		
DUNS #			Years In Business		

Banking Information

Bank Name					
Contact Name:			Phone Number		
			Email Address		
Banking Mailing Address					
City:		State:		Zip Code	

Trade References

Please provide three trade references we can contact to verify your credit status and history with their companies. We will contact these references using the information provided below. Please provide direct phone lines or email addresses to the contact persons you provide as this will allow us to contact them more easily. Trade references must be companies and cannot be individual persons. They may not be located at the same mailing or physical address as your business. Trade references who do not respond will delay processing of your application.

Company Name			
Contact Name:		Phone Number	
		Email Address	
Company Mailing Address			
	City:	State:	Zip Code

Company Name			
Contact Name:		Phone Number	
		Email Address	
Company Mailing Address			
	City:	State:	Zip Code

Company Name			
Contact Name:		Phone Number	
		Email Address	
Company Mailing Address			
	City:	State:	Zip Code

Accounts Receivable Information

Please indicate below the person responsible for receiving and paying invoices from Acxess Spring to ensure payment in a timely manner. Please also indicate below the preferred delivery method for these invoices. If there are multiple people who may receive and process invoices, only one set of contact information is required.

Contact Name		Phone Number	
Title		Extension	
Preferred Delivery Method		Email Address	

Declaration

Applicant ("Applicant") warrants that all statements on this form are true and correct to the best of their knowledge and are made for the purpose of obtaining business credit from Acxess Spring. Applicant authorizes Acxess Spring to request credit information from the references herein listed or from other sources pertaining to the Applicant's financial responsibility. Applicant agrees to make payment within 30 days of the billing date displayed on Acxess Spring invoices.

Applicant further agrees to pay a late penalty of 1.5% per month (18% annually) on any and all unpaid balance due. If applicant utilizes an agency ("Agency"), Applicant and Agency shall be jointly liable for the payment of all advertising provided to Acxess Spring. Applicant agrees to indemnify Acxess Spring for all expenses incurred in connection with the collection of amounts payable, including court costs and attorneys' fees.

Applicant's signature of this credit application constitutes consent and agreement to the following posted terms and conditions. <https://www.acxessspring.com/acxess-spring-terms-and-conditions.html>. Signature of this application constitutes consent to submit your business information to Acxess Spring for credit consideration.

Applicant Name _____

Applicant Title _____

Applicant Signature _____

Date Signed _____