BUSINESS CREDIT APPLICATION





NAME/ADDRESS						2
Last:	First:	Middle Initial:		Title		
Name of Business:				Tax I.D. Num	ber	
Address:						
City:	Sta	ite:	ZIP:		Phone:	
COMPANY INFORM	MATION					
Type of Business:		In Bus	siness Since:			
Legal Form Under Which Bu	siness Operates:	Corporatio	n	Partn	ership	Proprietorship
If Division/Subsidiary, Name	of Parent Company:		In Busine	ess Since:		
Name of Company Principal	Responsible for Business Transac	tions:	Title:			
Address:		City:		State:	ZIP:	Phone:
Name of Company Principal	Responsible for Business Transac	tions:	Title:			
Address:		City:		State:	ZIP:	Phone:
BANK REFERENC	 ES					
Institution Name:		Institution Name:			Institution Name:	
Checking Account #:		Savings Account #:			Home Equity Loan:	Loan Balance:
Address:		Address:			Address:	
Contact: Pr	none:	Contact:	Phone:		Contact:	Phone:
TRADE REFERENC	ES					
Company Name:		Company Name:			Company Name:	
Contact Name:		Contact Name:			Contact Name:	
Address:		Address:			Address:	
Phone:		Phone:			Phone:	
Account Opened Since:		Account Opened Since:			Account Opened Sin	ce:
Credit Limit:		Credit Limit:			Credit Limit:	
Current Balance:		Current Balance:			Current Balance:	
he amount and conditions of	nation contained herein is complet the credit to be extended. Furtheri r which credit is being applied for	more, I hereby authorize t	ne financial ins	titutions listed i		
Signature				 Date		
					PAGE 1 OF 2 Dio	ase complete and sign page 2 also



The undersigned applicant:

Will will not submit financial statement, if required
Understands and agrees to comply with BACKSTAGE COMMERCE INC.'s payment terms
Payment terms:
Upon credit approval 1% in 10 days, net 30 days
Prior credit approval, by credit card (add 4% credit card fee), money order or bank transfer
The undersigned applicant certifies that all information submitted herein is complete and accurate and authorizes BACKSTAGE COMMERCE INC to:
 Request information about the firm from trade references, its bank and credit reporting agencies;
Disclose information about the firm to trade references;
Obtain further information about the firm from time to time;
Check the information provided from time to time;
Authorize any person contacted to provide BACKSTAGE COMMERCE INC. with such information.
Date:
Signature:
Name:
Title:
Please forward completed form to accounting department, BACKSTAGE COMMERCE INC.

· Agrees to pay all costs incurred to collect amounts due, including interest and legal fees