

Application for a Business Charge



To: Credit Department

BlumbergExcelsior, Inc.

62 White Street

New York, NY 10013

212 431-5000 fax: 212 431-4346

E-mail Application | Print Application | Reset

Please process this application as soon as possible.

Date: _____

You may request credit information from the bank and references below. It is understood that invoices are payable within 30 days from their date. If disbursements on our behalf are requested and approved by you, they will be reimbursed immediately. Any invoice not paid within 30 days of issue will be subject to a late charge of 1 1/2% per month from date of issue. In the event our account must be sent to a collection agency or attorney for collection, we agree to pay your costs of collection, including attorneys fees.

Applicant _____
BILLING NAME

FLOOR SUITE STREET ADDRESS CITY STATE ZIP

Bookkeeper _____ (_____) _____
TELEPHONE FAX

Nature of Business _____ corp. ptrnshp. sole prop. LLP LLC

Bank _____
ACCOUNT NO. NAME OFFICER IN CHARGE

(_____) _____
TELEPHONE NO. EXT. ADDRESS

Applicant is is not sales tax exempt. If it is, the account cannot be opened unless an appropriate certificate of tax exemption is enclosed with this application.

Business references (firms with who you have established credit.)

1. _____
NAME ADDRESS TEL. NO.

2. _____
NAME ADDRESS TEL. NO.

A purchase order or written order is is not required. If yes, the authorized signatures are:

It is understood that Applicant will be responsible for all orders placed on this account and that none of our employees are authorized to accept orders from Applicant as an agent for others.

Applicant will notify you of any change in status of this firm.

It is also understood there will be a \$20 charge on all checks returned for any reason.

AUTHORIZED SIGNATURE

Account number _____

TITLE