

Daryl V. Schelin, LLC d.b.a. abetterink.com Credit Application

Business Contact Information

Contact Person:		Title:	
Company Name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

Business and Credit Information

Primary business address:			
City:		State:	ZIP:
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:			
City:		State:	ZIP: Phone:
Type of account	Account number		
Savings			
Checking			
Other			

Business and/or trade references

Company name:			
Address:			
City:		State:	ZIP:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP:
Phone:	Fax:	E-mail:	
Type of account:			

Agreement

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made with 7 working days.
3. By submitting this application you authorize Daryl V. Schelin, LLC to make enquiries to the banking, savings, business, and/or trade references you have supplied.

Signatures

Title: Date:	Title: Date:
-----------------	-----------------