



**Credit Application**

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Type of Ownership:  Corporation  Partnership  Sole Proprietor

Years in Business: \_\_\_\_\_ Fed ID #: \_\_\_\_\_ D&B #: \_\_\_\_\_

**Bank References**

Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Phone #: \_\_\_\_\_ Contact: \_\_\_\_\_

**Open Account References**

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Account #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Account #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Account #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Remittance Options**

EFT/ACH (all remittance advice should be sent to [accounting@act2services.net](mailto:accounting@act2services.net))

Mail checks to: PO Box 280337, San Francisco, CA 94128-0337

**Billing Options**

Email Invoices To: \_\_\_\_\_

Mail Invoices To: \_\_\_\_\_

Any special billing requirements? (PO, Ref #, etc.) \_\_\_\_\_

**Terms: Net 30 Days.** It is requested that credit privileges be extended to the company making application herein. It is agreed that all charges will be paid within the designated terms of thirty (30) days from the date of the invoice. Failure to do so will result in the withdrawal of credit privileges and any special provisions granted. It is understood that payments not received within thirty (30) days from the invoice date will be assessed a service charge of one percent (1.0%) or minimum of \$10 per month or fraction thereof. It is further understood that the company making application will be responsible for and pay all costs of collecting past-due amounts, including collection and attorney fees, whether or not suit is filed. Venue for all legal actions shall be in San Mateo County, California. Applicant agrees to our Terms & Conditions located on our website: [www.act2services.net](http://www.act2services.net)

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_