



Email completed form to:  
phoenixhabtech@gmail.com  
or Fax form to: (847) 750-2902

## CREDIT APPLICATION FOR A BUSINESS ACCOUNT

All information must be filled out completely. All references must contain current contact names, phone and fax numbers. Please attach a copy of your tax exemption certificate when submitting this application. All information must be accurate. Any inaccurate information will result in denial of credit or delay the processing of application.

### BUSINESS INFORMATION

APPLICATION DATE: \_\_\_\_\_

LEGAL BUSINESS NAME: \_\_\_\_\_

YEARS IN BUSINESS: \_\_\_\_\_ BUSINESS TYPE \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

SHIPPING ADDRESS: \_\_\_\_\_

MAIN OFFICE PHONE: \_\_\_\_\_ MAIN FAX NUMBER: \_\_\_\_\_

OWNERS AND OFFICERS

1) \_\_\_\_\_

PRINT NAME	TITLE	PHONE
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2) \_\_\_\_\_

PRINT NAME	TITLE	PHONE
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REQUESTED CREDIT AMOUNT: \_\_\_\_\_ ESTIMATED ANNUAL PURCHASE: \_\_\_\_\_

### ACCOUNTS PAYABLE INFORMATION

A/P MANAGER EMAIL : \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL FOR INVOICING : \_\_\_\_\_ PHONE: \_\_\_\_\_

### BANK INFORMATION

BANK REFERENCE CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ACCOUNT TYPE:  CHECKING  SAVINGS  OTHER

ACCOUNT NUMBER(S): \_\_\_\_\_

**TRADE REFERENCES**

1) COMPANY NAME: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

ACCOUNTS RECEIVABLE CONTACT: \_\_\_\_\_

PHONE & EXTENSION: \_\_\_\_\_ FAX #: \_\_\_\_\_

2) COMPANY NAME: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

ACCOUNTS RECEIVABLE CONTACT : \_\_\_\_\_

PHONE & EXTENSION: \_\_\_\_\_ FAX #: \_\_\_\_\_

3) COMPANY NAME: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

ACCOUNTS RECEIVABLE CONTACT : \_\_\_\_\_

PHONE & EXTENSION: \_\_\_\_\_ FAX #: \_\_\_\_\_

**AGREEMENT**

In consideration of credit being extended, the applicant shall be deemed to have agreed to the terms and conditions herein and acknowledge if invoices are not to paid when due, that the applicants name may be listed in any collection or credit rating file. If this account is collected on by a collection agency or attorney, by suit or otherwise, the applicant agrees to pay all collection fees, attorney fees, and cost of collection. Terms are 30 days from the date of the invoice/shipment date. Prices reflect cash or check payments only, a convenience fee of 3% will be added to credit card payments accepted through our PayPal services. Charges unpaid after 30 days are subject to 1-1/2 percent per month finance charges. Claims arising from invoices must be made within seven working days. Credit privileges may be revoked at any time without invalidation of the terms of this agreement. Accounts past 60 days will be considered Not in Good Standing and all orders not delivered will be placed on hold and 30 day terms will be revoked either permanently or until customer is granted Good Standing status of account by paying all past due. By submitting this application, you authorize Phoenix Habilitation Technologies, LLC (PHT) to make inquiries into the banking and business/trade references that you have supplied.

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED APPLICANT: TITLE: \_\_\_\_\_

\_\_\_\_\_  
DATE: \_\_\_\_\_  
PRINTED NAME OF AUTHORIZED APPLICANT

\_\_\_\_\_  
SIGNATURE OF PREPARER: TITLE: \_\_\_\_\_

\_\_\_\_\_  
DATE: \_\_\_\_\_  
PRINTED NAME OF PREPARER