
Business Account Application

CONTACT INFORMATION

CONTACT NAME _____ TITLE _____
EMAIL _____ PHONE _____

BUSINESS INFORMATION AS REGISTERED

COMPANY NAME _____
ADDRESS _____ PHONE _____
CITY _____ STATE _____ ZIP CODE _____
LENGTH OF TIME AT CURRENT ADDRESS: _____ YEARS _____ MONTHS
BUSINESS TYPE: SOLE PROP PARTNERSHIP LLC CORPORATION OTHER

BILLING CONTACT INFORMATION

NAME _____
ADDRESS _____ PHONE _____
CITY _____ STATE _____ ZIP CODE _____
EMAIL _____

BANK INFORMATION

BANK NAME _____ CONTACT NAME _____
ADDRESS _____ PHONE _____
CITY _____ STATE _____ ZIP CODE _____
TYPE OF ACCOUNT _____ ACCOUNT NUMBER _____
SAVINGS _____
CHECKING _____
OTHER _____



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info@firesupplydepot.com

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BUSINESS REFERENCES

Please provide at least three other companies your business has established credit.

1 COMPANY	CONTACT NAME	
PHONE	EMAIL	
ADDRESS	TITLE	
CITY	STATE	ZIP CODE

2 COMPANY	CONTACT NAME	
PHONE	EMAIL	
ADDRESS	TITLE	
CITY	STATE	ZIP CODE

3 COMPANY	CONTACT NAME	
PHONE	EMAIL	
ADDRESS	TITLE	
CITY	STATE	ZIP CODE

COMMENTS

CREDIT AGREEMENT

- 1 | All invoices must be paid within 30 days of the date issued
- 2 | Any claims regarding an invoice issued must be made within 7 days of the date issued
- 3 | You authorize inquiry into the banking and business references provided within this application

COMPANY REPRESENTATIVE

1 SIGNATURE	TITLE
NAME	DATE