



Customer Credit Application

BUSINESS CONTACT INFORMATION

Company Name		Desired Credit Limit	
Company Contact		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	<input type="checkbox"/> Date Started _____
Telephone Fax			<input type="checkbox"/> # Employees _____
E-mail			<input type="checkbox"/> Resale # _____
Registered company address City, State ZIP Code			<input type="checkbox"/> Sales Tax % _____

BUSINESS AND CREDIT INFORMATION

Business Address City, State Zip			
Bank Name Address City, State Zip		Type of account: <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	
Bank Account Number		Bank Telephone	
AP Contact Name		AP Contact Telephone	
AP Fax		AP E-mail	

BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	

AGREEMENT

- All invoices are to be paid Net 30 days from the date of the invoice.
- Claims arising from invoices must be made within seven working days.
- Palace Business Solutions reserves the right to obtain a security interest in the products sold to the customer and it's proceeds thereof until the customer makes payment in full.
- Any amount not paid within 30 days of the invoice date is subject to an interest/finance charge of 1.5% per month and a \$0.50 minimum.
- Furniture purchases are non-returnable/non-refundable and subject to additional Terms and Conditions that will be completed separately.
- By submitting this application, you authorize Palace Business Solutions to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Owner/Officer Signature		Palace Representative Signature	
Name and Title		Name and Title	
Date		Date	

INTERNAL USE ONLY

SALES _____ ROUTE _____	CONTRACT _____	ESS _____	AR1 ____ AR2 ____ AR3 ____
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