

# Credit Application Form

Dimensions Foundation/Nature Explore

## BUSINESS CONTACT INFORMATION

Title		Date business commenced	
Company name		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Phone   Fax			
E-mail			
Registered company address City, State ZIP Code			
Tax ID #		Sales Tax Exempt?	<input type="checkbox"/> Yes (attach certificate) <input type="checkbox"/> No

## BUSINESS AND CREDIT INFORMATION

City, State ZIP Code		Bank name:	
Primary business address		City, State ZIP Code	
Phone		Phone	
Fax		Account number	
E-mail		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

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

## AGREEMENT

- All invoices are due upon receipt. If payment is not received within 30 days, a 2.5% monthly fee will be charged on the remaining balance.
- By submitting this application, you authorize Dimensions Foundation/Nature Explore to make inquiries into the banking and business/trade references that you have supplied.

## SIGNATURE

Signature		Date	
Name		Title	

Office Use Only	Received Date:	Approved date:	Approved by:
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