

FRONTIER SURVEYING
CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION			
Company Name			
Contact Name		Title	
Company Address			
City		State	Zip Code
Phone	Fax	Email	
Date Business Commenced		EIN #	
Sole Proprietorship		Partnership	Corporation
Tax Exempt? Yes No			
BUSINESS AND CREDIT INFORMATION			
Primary Business Address			
City		State	Zip Code
Phone	Fax:	Email	
How long at current address			
Billing Address			
City		State	Zip Code
Phone	Fax	Email:	
Bank Name			
Bank Address		Phone	
City		State	Zip Code
Type of account:		Savings	Acct # (Optional)
		Checking	
		Other	
BUSINESS TRADE REFERENCES			
Company name:			
Address:			
City		State	Zip Code
Phone	Fax	Email	
Type of account		Acct # (Optional)	
Company name:			
Address:			
City		State	Zip Code
Phone	Fax	Email	
Type of account		Acct # (Optional)	
Company name:			
Address:			
City		State	Zip Code
Phone	Fax	Email	
Type of account		Acct # (Optional)	
AGREEMENT			
1) All invoices are to be paid 30 days from invoice date.			
2) Claims arising from invoices must be made within 7 working days.			
3) By submitting this application, you authorize Frontier Surveying to make inquiries into the banking and business trade references you have supplied.			
SIGNATURES			
Signature of Authorized Client Representative			
Print Name			
Title		Date	