



# BUSINESS CREDIT APPLICATION

Upon completion please forward the form  
either by fax or email to the following:

Fax: (864) 234-7287

E mail: credit@indexinc.com

<b>Business Requirements</b>			
Amount of credit required (30 day basis):			
<b>Business Information</b>			
Ownership: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (specify) _____			
Registered Name of Business			
Registered Address			
City/Town		State/Province	Postal Code
Telephone	Fax	E mail	Internet Address
Type of Business			Years in Business
Accounts Payable Contact and Contact Details ( Inc: Name/Telephone/Fax/ E mail)			
_____			
Name	Telephone	Fax	Email
Operating Name of Business – If different			
Operating Address of Business – If different			
<b>Company Officers, Partners, Principles</b>			
Name			Title
Name			Title
Name			Title
<b>Credit Information</b>			
Bank Name	Account #	Transit #	Telephone
Address			City/Town
Name of Parent Company			
Address			
City/Town		State/Province	Postal Code
Telephone			Fax
Nature of Business			Years in Business
<b>Credit Cards (to be used for payment)</b>			
Card #		Expiration Date:	Month Year
<b>Charge Sales to Card</b> (check if yes) <input type="checkbox"/> <b>Credit Card Authorization</b> (check one) Each Delivery <input type="checkbox"/> At End of Month <input type="checkbox"/>			
PO 's Required (check if yes) <input type="checkbox"/>			