

BREAKERS & CONTROLS NJ, INC.

311 ROUTE 46 WEST, SUITE H (800)523-9065 (973) 276-0405 Fax: (973) 276-3220 Email to: Greg@BCINJ.com

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Business Contact Name & Title		Date business commenced	
Full Business 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 and City, State, ZIP Code			

BUSINESS AND CREDIT INFORMATION

Primary Bank name:		Secondary Bank name:	
Primary bank address and City, State ZIP Code		Secondary bank address and City, State ZIP Code	
Contact & Phone		Contact & Phone	
Account number		Account number	
Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	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		Contact Name and Title	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Contact Name and Title	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Contact Name and Title	

AGREEMENT

1. All invoices are to be paid within 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize BREAKERS & CONTROLS NJ, INC. to make inquiries into the banking and business/trade references that you have supplied above.

AUTHORIZED SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	