

140 E. State Parkway • Schaumburg, IL 60173
Phone: 847.908.5400 • Fax: 847.908.5408 • <u>www.CrescendTech.com</u>

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION			
Company name:			
Phone:	Fax:	DUNS Number:	
Registered company address:			
City:		State:	ZIP Code:
Sole proprietorship:	Partnership:	Corporation:	Other:
BUSINESS AND CREDIT INFORMATION			
Primary business address:			
City:		State:	ZIP Code:
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account	Account number		
Checking			
BUSINESS/TRADE REFERENCES			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
AGREEMENT			
1. All invoices are to be paid 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 authorizes Crescend Technologies, L.L.C., to make inquiries into the banking and business/trade references that you have supplied.			
SIGNATURES			
Title: Date:		Title: Date:	

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