



1190 Longwood Ave. Bronx, NY 10474
 P- (718) 589-6225 F- (718) 991-6647

APPLICATION FOR CREDIT ACCOUNT

BUSINESS CONTACT INFORMATION

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
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:		
Savings			
Checking			
Other			

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 of receipt of Invoices.
3. By submitting this application, you authorize Baco Enterprises, INC. to make inquiries into the banking and business/trade references that you have supplied.

CUSTOMER SIGNATURE:

BACO INTERNAL USE:

<p>X _____</p> <p>Title: _____</p> <p>Date: _____</p>	<p>Credit Approved by: _____</p> <p>Starting Credit Limit: _____</p> <p>Date: _____</p>
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