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CREDIT APPLICATION FOR A BUSINESS 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:			
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			
<p>1. All invoices are to be paid 30 days from the date of the invoice.</p> <p>2. Claims arising from invoices must be made within seven working days.</p> <p>3. By submitting this application, you authorize Alberti Publishing to make inquiries into the banking and business/trade references that you have supplied.</p>		<input type="checkbox"/> I have read and agree to the Alberti Publishing Terms and Conditions.	
SIGNATURES			
Title:	Date:	Title:	Date: