

**CREDIT APPLICATION**

BUSINESS CONTACT INFORMATION	
Company (legal) name:	
Phone:	Fax:
Website:	E-mail:
Date business commenced:	E-mail to receive invoices:
<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Non-profit <input type="checkbox"/> Other	
BUSINESS AND CREDIT INFORMATION	
DBA Name:	Tax Exempt: <input type="checkbox"/> No <input type="checkbox"/> Yes
Tax ID:	Reseller: <input type="checkbox"/> No <input type="checkbox"/> Yes (attach reseller's certificate)
Primary business address:	
City:	State:                      Zip:
D&B number:	
Bank name:	
Bank address:	
City:	State:                      Zip:
Bank officer:	Phone:                      Fax:
Type of account	Account number
Savings	
Checking	
Other	
BUSINESS / TRADE REFERENCES	
Business/trade name:	
Contact name:	Phone:                      Fax:
Account number:	Credit terms:
Business/trade name:	
Contact name:	Phone:                      Fax:
Account number:	Credit terms:
Business/trade name:	
Contact name:	Phone:                      Fax:
Account number:	Credit terms:
AGREEMENT	
<p>By submitting this signed application, I hereby authorize CMC Traffic Control Specialists to make inquiries into the banking and business/trade references that I have supplied.</p> <p>I agree to the following terms: Net 30 days, and an additional term of 18% per annum interest on any amount past due, in addition to costs of collection including attorney's fees and costs of legal action.</p>	
Authorized Signature _____	Date _____
Print Name/Title _____	
Fax completed form to (415) 206-1711 or email to <a href="mailto:accounting@cmctrffic.com">accounting@cmctrffic.com</a>	