



# Commercial Account Application

Please be sure to fill out form completely to ensure expedient processing.

## Billing Information

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Address (if different than above) \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

A/P Contact \_\_\_\_\_ President/Owner(s) \_\_\_\_\_

Website \_\_\_\_\_ E-mail (A/P) \_\_\_\_\_

## Business Information

Purchase Order Required  Yes  No Amount of Credit Requested: \$ \_\_\_\_\_

### Business Type (check all that apply)

<input type="checkbox"/> Corporation: Date Incorporated (MM/YY) ___/___ in state of _____	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Nonprofit Organization
Number of Employees _____	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Religious Organization
Nature of Business _____	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Academic
	<input type="checkbox"/> Franchise	<input type="checkbox"/> Other _____

## Credit References

1. Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. (\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_  
Contact \_\_\_\_\_

2. Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. (\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_  
Contact \_\_\_\_\_

3. Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. (\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_  
Contact \_\_\_\_\_

## Bank Reference

Bank Name \_\_\_\_\_  
Account No. \_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact \_\_\_\_\_  
Phone No. (\_\_\_\_) \_\_\_\_\_  
Federal ID No./SSN (required for approval) \_\_\_\_\_  
Duns No. \_\_\_\_\_

## TERMS AND CONDITIONS

- I/We certify that this information is complete and accurate.
- I/We agree to promptly notify, in writing, Acutrack, Inc. of any additions or termination of Authorized Users.
- I/We authorize Acutrack to contact our bank and credit references to obtain credit information about our accounts
- Customer shall pay all invoiced amounts upon receipt of invoice, or by such date as may be indicated on the invoice. Acutrack is not responsible for lost or delayed mail.
- A late Charge of one and one-half percent of the unpaid balance will be assessed at the close of business on the due date of each invoice and each month thereafter, for an annual interest rate of 18%.
- Customer agrees to pay all attorney and collection fees, court costs and other expenses incurred by Acutrack to enforce its rights under this agreement.

## Authorized Users:

Please print. If additional space is required, please list on an attached sheet using letterhead. Upon approval, each of these contacts will be assigned access on our website and will receive a welcome package.

**Name** \_\_\_\_\_

Dept./Title \_\_\_\_\_

E-mail \_\_\_\_\_

Tel/Ext(\_\_\_\_) \_\_\_\_\_

**Name** \_\_\_\_\_

Dept./Title \_\_\_\_\_

E-mail \_\_\_\_\_

Tel/Ext(\_\_\_\_) \_\_\_\_\_

Signature (required) \_\_\_\_\_

Print Name and Title (required) \_\_\_\_\_ Date \_\_\_\_\_