



Credit Application for a Business Account

Business Contact Information			
Company Name:			
Name and Title:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:
Business and Bank Information			
Primary business address:			
City:	State:	ZIP:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:			
City:	State:	ZIP:	Phone:
Type of account (s)	Account number (s)		
Savings			
Checking	Contact		
Other			
Business and trade references			
1. Company name:			
Address:			
City:	State:	ZIP:	
Phone:	Fax:	E-mail:	
Type of account:			
2. Company name:			
Address:			
City:	State:	ZIP:	
Phone:	Fax:	E-mail:	
Type of account:			
3. Company name:			
Address:			
City:	State:	ZIP:	
Phone:	Fax:	E-mail:	
Type of account:			
Agreement			
1. If credit is approved, all invoices are to be paid 30 days from the date of the invoice.			
2. Claims arising from invoices must be made with 7 working days.			
3. By submitting this application you authorize Olamef USA, Inc. to make enquiries to the banking, savings, business, and/or trade references you have supplied.			
Signature: _____		Signature: _____	
Title: _____	Date: _____	Title: _____	Date: _____