

Jamestown Cycle Shop Inc – 10 Harrison Street – Jamestown, NY 14701 – 716-664-4112

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

All accounts will be COD (cash only) until credit application is approved by Jamestown Cycle Shop

BUSINESS CONTACT INFORMATION

Title:

Company/Business/Group Name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Tax Exempt # (if applicable)

Non Retailers: In order to be exempt from taxation you must provide a tax exempt certificate.

Retailers: Must provide a resale certificate ST-120

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. 2% Late charge on past due balance.
3. Claims arising from invoices must be made within seven working days.
4. By submitting this application, you authorize Jamestown Cycle Shop Inc to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:

Date:

Title:

Date: