



Z Systems, inc – Credit Application

Legal Company Name _____ Years in business _____
dba _____ D&B# _____
Shipping Address _____
City _____ State _____ Zip _____
Billing Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
e-mail/internet address _____

Type of Business _____ Federal EIN _____
Sales Tax Exempt # _____
Credit Line Requested _____
Has business/office filed for bankruptcy? Yes No

Information Required for all corporations in business less than two years, and all partnerships, proprietorships or limited liability.

Principal I _____
SS# _____ Home Phone _____
Address _____
City _____ State _____ Zip _____

Principal II _____
SS# _____ Home Phone _____
Address _____
City _____ State _____ Zip _____

Bank References (list all secured parties)

Name _____ Contact _____
Address _____ Account # _____
City _____ State _____ Zip _____
Phone _____ Fax _____

Name _____ Contact _____
Address _____ Account # _____
City _____ State _____ Zip _____
Phone _____ Fax _____

Trade References

Name _____	Contact _____
Address _____	Account # _____
City _____	State _____ Zip _____
Phone _____	Fax _____

Name _____	Contact _____
Address _____	Account # _____
City _____	State _____ Zip _____
Phone _____	Fax _____

Terms: Net 15 terms.

I, _____, hereby authorize release of any required information to Z Systems, inc for the purpose of processing this credit application. I acknowledge that Z Systems, inc will be attempting to obtain this information by phone, fax or in writing, at their option, and I do authorize the release of information in any case. It is agreed that Z Systems, inc will keep all information obtained in the strictest of confidence. I am authorized to sign this application on behalf of the above named company (applicant). Further, this information will not be shared or sold to any other person(s) or entities.

Authorized Signature _____ Date _____

Please sign and fax back to 952-974-3141

