

Customer Credit Application

Date

COMPANY INFORMATION

*All Fields Required unless marked (optional)

Legal Business Name	<input type="text"/>	City	<input type="text"/>
Address	<input type="text"/>	State/Province	<input type="text"/>
Country	<input type="text"/>	ZIP/Postal	<input type="text"/>
Company Phone	<input type="text"/>	Website	<input type="text"/>
Credit Limit Desired	<input type="text"/>	Soraa's Sales Rep	<input type="text"/>

CONTACT INFORMATION

Applicant Name	<input type="text"/>	Applicant E-mail Address	<input type="text"/>
AP Contact Name	<input type="text"/>		
AP Contact Phone	<input type="text"/>	Email to send invoices	<input type="text"/>

COMPANY PROFILE

Type of Organization (optional)	<input type="text"/>	Date of Incorporation	<input type="text"/>
State of Incorporation (optional)	<input type="text"/>	Federal ID (optional)	<input type="text"/>
Description of Business (optional)	<input type="text"/>	Registered VAT No. (optional)	<input type="text"/>

BANK REFERENCE

Contact Name	<input type="text"/>	City	<input type="text"/>
Bank Name	<input type="text"/>	State/Province	<input type="text"/>
Address	<input type="text"/>	ZIP/Postal	<input type="text"/>
Country	<input type="text"/>	Email	<input type="text"/>
Account Number	<input type="text"/>	ABA #	<input type="text"/>

TRADE REFERENCES

Please provide 3 trade references.

1. Business Name	<input type="text"/>	Contact Name	<input type="text"/>
Phone Number	<input type="text"/>	Email Address	<input type="text"/>
2. Business Name	<input type="text"/>	Contact Name	<input type="text"/>
Phone Number	<input type="text"/>	Email Address	<input type="text"/>
3. Business Name	<input type="text"/>	Contact Name	<input type="text"/>
Phone Number	<input type="text"/>	Email Address	<input type="text"/>

AUTHORIZATION

We request the establishment of a commercial credit account with SORAA, INC., authorize a credit review of our references and agree to pay invoices within terms of Net 30 unless otherwise negotiated. I hereby certify that the foregoing and the attached information are accurate to the best of my knowledge.

Authorized Representative:

Signature	<input type="text"/>	Printed Name	<input type="text"/>
Title	<input type="text"/>	Email	<input type="text"/>
		Phone	<input type="text"/>

SUBMITTAL INSTRUCTIONS

After completing all fields above, please attach the following documents:

1. Most recent fiscal year and interim financial statements for credit limit desired over \$25,000
2. Sales tax certificates if you are claiming an exemption
3. Forward to invoice@soraa.com