

Return signed application to:
FrugalBrothers Software, Inc.
 Fax: 866.890.2982
 Phone: 260.724.2748
 1716 Fairway Dr.
 Decatur, IN. 46733



CUSTOMER INFORMATION

CREDIT APPLICATION

Company Name: _____
 Address 1: _____
 Address 2: _____
 City/State or Province: _____
 ZIP/Postal Code: _____
 Country: _____
 Phone Number: _____
 Fax Number: _____

Form of Business (please check one): Corporation___ Partnership___ Individual___
 Date Business Started (mm/yy): _____ Number Employees: _____
 D&B #: _____
 Federal Tax Id # (for US): _____
ACCOUNTS PAYABLE
 Contact Name: _____
 Phone Number: _____
 Fax Number: _____
 Email Address: _____
 Credit Limit Requested: _____

BANK ACCOUNT INFORMATION *Bank account number, bank contact name, and fax are required fields*

Bank Name: _____	*Account Manager/Contact*: _____
Address 1: _____	Bank Contact Email Address: _____
Address 2: _____	Main Phone Number: _____
City/State or Province: _____	*Fax Number*: _____
ZIP/Postal Code: _____	*Account # *: _____
Country: _____	

TRADE REFERENCES

Please provide 3 references

	Trade Reference 1	Trade Reference 2	Trade Reference 3
Company Name:			
Address 1:			
Address 2:			
Phone:			
Fax:			
Contact:			

Authorization: Permission is granted to FrugalBrothers Software, Inc. to obtain credit information from all listed trade and bank references. I understand that the credit terms are net 30 days from date of invoice unless otherwise stated, and that the account may be subject to a finance charge on past-due balances of 1.5 % per month (18% per annum). I understand that orders may not be shipped if the account is past due. I certify that all information contained in this credit application is correct in all respects. I also certify that I am an authorized signing official of the Company named above.

Print Name: _____ *Signature*: _____
 Title: _____ Date: _____

Credit application will not be processed without Authorized Customer Signature

INTERNAL USE ONLY

Account # : _____ \$ Limit: _____ Approved: _____ Date: _____