



a Square Grove, LLC company

Business Account Credit Application

Company Information

Please complete entire application

Company Name:

Doing Business As (if different):

Street Address:

City:

State:

Zip Code:

Phone Number:

Fax Number:

Year Established:

Type of Business:

Federal Tax ID#

Dun & Bradstreet #:

Corporation

LLC

Partnership

Sole Proprietor

Does your company require P.O. #'s? Yes No

Company Website:

Contact Name:

Email:

A/P Contact:

A/P Email:

Billing Address (if different):

City:

State:

Zip Code:

Credit Amount Requested (in whole dollars):

Banking Information

Bank Name:

Phone:

Type of Account:

Account Number:

Bank Address:

City:

State:

Zip Code:

UPLIFT DESK®

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Business/Trade References:

3 References Required. Separate attachment allowed.

Company Name:	Contact Name:		
Address:	City:	State:	Zip Code:
Phone:	Fax or Email:		

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Address:	City:	State:	Zip Code:
Phone:	Fax or Email:		

Company Name:	Contact Name:		
Address:	City:	State:	Zip Code:
Phone:	Fax or Email:		

We understand that your terms of sale require payment within 30 days from the date of invoice, and agree to meet those terms if credit is extended. Delinquent invoices are subject to a late fee charge of 1.5% per month (18% Annual Percentage Rate) on the outstanding balance. The above information is for the purpose of obtaining credit and is warranted to be true. I / We hereby authorized Square Grove, LLC to investigate the references listed pertaining to my / our credit and financial responsibility.

All invoices are to be paid 30 days from date of the invoice.

Any claims arising from invoices must be made within seven working days of receipt of invoice.

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Email completed form and supporting documents to accounting@upliftdesk.com
or FAX to 1-800-346-7541