



Net 30 Application

**** This form is an application and not an agreement to extend credit ****

Business Applicant

Business Name: _____

UBI# (Washington State) or Federal EIN#: _____

LCB or DCC License#: _____

Address: _____

City, State, Zip: _____

Accounting Contact Name: _____

Accounting Contact Email: _____

Accounting Contact Phone: _____

Owners/ Partners/ Officers

Name: _____ Title: _____ Phone: _____

Name: _____ Title: _____ Phone: _____

Name: _____ Title: _____ Phone: _____

Reference Check

The Business Applicant hereby authorizes Confidence Analytics, Inc. to contact the references listed below on this form for purposes of assessing the credit and financial standing of the Business Applicant. The Business Applicant represents and warrants the information provided is true and correct, and attests the Business Applicant's financial responsibility, willingness to pay all invoices within 30 days of the date of invoice or as otherwise agreed upon.

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Trade References

Company:	_____	Account#:	_____
Contact Name:	_____	Phone:	_____
Address:	_____	Email:	_____
City, State, Zip:	_____		

Company:	_____	Account#:	_____
Contact Name:	_____	Phone:	_____
Address:	_____	Email:	_____
City, State, Zip:	_____		

Company:	_____	Account#:	_____
Contact Name:	_____	Phone:	_____
Address:	_____	Email:	_____
City, State, Zip:	_____		

On behalf of the Business Applicant, I hereby authorize Confidence Analytics, Inc. to contact the references listed above for purposes of assessing the credit and financial standing of the Business Applicant. Furthermore, the undersigned party warrants they are authorized to execute this Agreement on behalf of Business Applicant.

Name: _____

Title: _____

Email: _____

Date: _____

** send completed application to info@conflabs.com **