

## **CREDIT APPLICATION**

## **Business Contact Information**

Logal Name of Company	
Legal Name of Company:	D.O.D.//
Primary Contact:	D&B#:
Phone:	Fax:
Registered Company Address:	
City, State & Zip:	
Date Business Commenced:	State of Organization:
Sole Proprietorship SSN:	Partnership Primary SSN:
Corporation: Fed Tax ID:	Other: Fed Tax ID:
<b>D.</b>	
Billing Information	
Invoice Mailing Address:	
City, State & Zip:	
Accounts Payable Contact Name:	
Phone:	Fax:
Email:	
Bank Information	
Bank Name:	
Bank Address:	
City, State & Zip:	
Phone:	Fax:
Account Type:	Account Number:

### Inspiration Networks 3000 WorldReach Drive Indian Land, SC 29707 P: 803.578.1000 F: 803.578.1725

## **CREDIT APPLICATION**

# **Business/Trade References**

Company Name:	
Address:	
City, State & Zip:	
Phone:	Fax:
Email:	
Account Type:	
Company Name:	
Address:	
City, State & Zip:	
Phone:	Fax:
	rax.
Email:	
Account Type:	
Company Name:	
Address:	
City, State & Zip:	
Phone:	Fax:
Email:	
Account Type:	
Credit Check Authorizat	ion
information contained on this application of authorizes the release of credit information and personal references. Credit applicant	Information for the purposes of obtaining credit and hereby represents and warrants that all and any supplemental information later provided is true, correct and complete. Applicant hereby to INSP or its agent from any and all sources, including credit reporting agencies, banks, lenders agrees to notify INSP if any credit information supplied changes at any time, including after credit the right to revoke credit at any time on written notice to applicant.
Signature	
Signature:	
Print Name:	
Title:	Date: