



www.bestcarellc.com

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Email: info@bestcarellc.com

Sales Rep: _____

CREDIT APPLICATION

Company Name: _____ Tel: _____ Fax: _____
Address: _____ City: _____ St: _____ Zip: _____
Type of Bus: _____ In Bus Since: _____ At Address Since: _____
Business License# _____ Sales Tax Exempt# _____ FID# _____
Company website: _____ Contact email: _____
AP Contact email: _____ Purchaser email: _____

Business Structure: _____ Corporation _____ Partnership _____ Sole Proprietorship/Individual

Name of Individual Owner, Partners, or Corporate Officers:

Name	Title	Address
_____	_____	_____
_____	_____	_____

Only for Sole Proprietor/Individual Owner:

I authorize Bestcare, LLC to obtain consumer credit history report under my name for the purpose of establishing credit on an open account basis.

Signature: _____ Date: _____ SSN# _____

Bank References:

Bank: _____ Branch: _____ Acct# _____
Address: _____ City: _____ St: _____ Zip: _____

I authorize Bestcare, LLC to obtain information concerning the above bank account.

Signature: _____ Date: _____

Trade References (Please provide at least two) D&B# _____
Attach separate sheet if necessary

Company _____
Address _____

Phone _____
Fax _____

Company _____
Address _____

Phone _____
Fax _____

Company _____
Address _____

Phone _____
Fax _____

Company _____
Address _____

Phone _____
Fax _____

I understand the following and will abide by your company regulations:

1. Notify Bestcare, LLC of any changes in ownership of our company.
2. It is agreed that our company will pay within the Net 30 day term, or pay 1.5% interest per month, which is 18% yearly, for all past due balances.
3. It is agreed that our account will become Prepaid if we fail to pay invoices within stated terms.
4. There are no lawsuits or judgments against me at this time. If our company defaults on payment of any outstanding valid invoices, we agree to pay attorney and/or collection expenses.

I make the foregoing application for credit for the purpose of obtaining merchandise on an open account basis.

Signature: _____ Title: _____ Date: _____