



## CLIENT PROFILE SHEET

Company Name \_\_\_\_\_ Employee Names(s) \_\_\_\_\_  
Corporate Address \_\_\_\_\_  
Corporate Phone Number ( ) \_\_\_\_\_ Office Contact \_\_\_\_\_  
Home Address of Applicant \_\_\_\_\_  
Home Phone Number Of Applicant ( ) \_\_\_\_\_  
Cell Phone Number ( ) \_\_\_\_\_ Email Address \_\_\_\_\_  
In case of emergency contact \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_  
Billing Address \_\_\_\_\_

### Mail Services

Will you use our mailing address? Yes No *(If yes, please fill out the USPS Form 1583 that is included)*  
Do we have your ID on file? Yes No  
Please check all that apply: I will pick up mail at office Forward my mail weekly to my location  
Notify me of Mail Delivery Other: \_\_\_\_\_

### Special Instructions

If there is anything else that we can do to serve you better, please let us know.

\_\_\_\_\_  
\_\_\_\_\_

**NOT NECESSARY – IF PAID WITH CREDIT CARD.**  
**CREDIT APPLICATION FOR A BUSINESS ACCOUNT**

BUSINESS CONTACT INFORMATION

Title:			
Company Name			
Phone:	Fax:	Email:	
Registered company address:			
City:		State:	Zip Code:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary Business Address:			EIN#
City:		State:	Zip Code:
How long at current address?			
Phone:	Fax:	Email:	
Bank Name:			
Bank Address:		Phone:	
City:		State:	Zip Code:
Type of account:		Account Number:	
Savings:			
Checking:			
Other:			

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:		State:	Zip Code:
Phone:	Fax:	Email:	
Type of account:			
Company name:			
Address:			
City:		State:	Zip Code:
Phone:	Fax:	Email:	
Type of account:			
Company name:			
Address:			
City:		State:	Zip Code:
Phone:	Fax:	Email:	
Type of account:			

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Choice Business Services Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title: Date:	Title: Date:
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