

[Back](#)

PROMac Computers



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Apple Macintosh Sales • Authorized Apple Service Provider Plus • Mon-Sat 10-6

BUSINESS ACCOUNT APPLICATION

Credit Line Requested: \$ _____
_____ Check Acceptance Only

Your Name: _____ Phone: _____
Business Name: _____
Billing Address: _____ Fax: _____
City: _____ State: _____ Zip: _____
Type of Business: _____
Form of Business: Sole Owner Partnership Corporation DUNS# _____
Resale Tax#: _____ FEIN#: _____ SS#: _____
Year Founded: _____ State of Incorporation: _____
Names of Partners, or if corporation, names and titles of officers:
President/Partner: _____
VP/Partner: _____
CFO/Partner: _____

BANK REFERENCE

Name of Bank: _____
Branch Address: _____
Bank Officer: _____ Phone: _____ Acct#: _____

TRADE REFERENCES (for Credit Applications only)

1. Name: _____
Address: _____
Contact: _____ Phone: _____ Acct#: _____
2. Name: _____
Address: _____
Contact: _____ Phone: _____ Acct#: _____
3. Name: _____
Address: _____
Contact: _____ Phone: _____ Acct#: _____

Upon acceptance, I/we agree to pay in full and in accordance with the terms of payment indicated on your invoices. If payment is not made in accordance with stated terms, I/we agree to pay late fees at the current rate, as well as any and all attorney fees incurred by PROMac, collection fees, and court costs incurred in the collection of any and all outstanding balances. I/we authorize my/our bank or other such agency with whom I/we have had credit dealings to release credit and/or financial information, including a copy of my/our most recent financial statements submitted.

Authorized Signature	Name and Title	Date
_____	_____	_____