



APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS AND CREDIT INFORMATION											
<input type="checkbox"/> Sole Proprietor		<input type="checkbox"/> Partnership		<input type="checkbox"/> LLC		<input type="checkbox"/> Corporation		<input type="checkbox"/> Other			
Date of Formation:				Federal Tax ID:			Industry:				
Legal Business Name:											
DBA/Trade Name:											
Registered Business Address:											
City:				State:				ZIP Code:			
BUSINESS CONTACT INFORMATION											
Applicant Information											
Contact Name:						Title:					
Phone:				Fax:							
Email:											
Accounts Payable Information											
Contact Name:						Title:					
Email:						Phone:					
Payment Preference:				<input type="checkbox"/> Electronic / ACH disbursements							
				<input type="checkbox"/> Physical checks via mail							
BUSINESS/TRADE REFERENCES											
Company Name:						Address:					
Contact Name:						City:					
Email:						State:		ZIP Code:			
Phone:				Fax:							
Company Name:						Address:					
Contact Name:						City:					
Email:						State:		ZIP Code:			
Phone:				Fax:							
Company Name:						Address:					
Contact Name:						City:					
Email:						State:		ZIP Code:			
Phone:				Fax:							
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 Magister Hydraulics to make inquiries into the banking and business/trade references that you have supplied.											
AUTHORIZED SIGNATURES											
Signature:					Signature:						
Name, Title:					Name, Title:						
Date:					Date:						