Application for Business Account

Business and Credit Information									
☐	Sole Proprietor	☐	Partnership	☐	LLC	☐	Corporation	☐	Other
Date of Formation:				Federal Tax ID:				Industry:	
Legal Business Name:									
DBA/Trader 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:	☐	Electronic/ACH disbursements	
	☐	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 business days.
3. By accessing, using, or purchasing our products or services, you acknowledge that you have read, understood, and agree to be bound by our Terms and Agreements.
4. By submitting this application, you authorize Magister Hydraulics to make inquiries into the bank and business /trade references that you have supplied.

Authorized Signatures	
Signature:	Signature:
Name, Title:	Name, Title:
Date:	Date: