



Credit Application

Legal Company Name: _____

Trade Name – Doing Business As: _____

Contact person: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Type of business: _____ Year business opened: _____

State where your company was organized: _____

Number of Employees: _____ Estimated Annual Sales: _____

Style of business: Sole Proprietorship _____ General Partnership _____ Limited Partnership _____

LLC _____ Corporation _____ Other _____

Phone: _____ Fax: _____

Email: _____ Website URL _____

Federal Tax Identification Number or Social Security Number: _____

Principal's name: _____

Bank Reference

Name: _____ Account # _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date account opened: _____

Account Manager's Name: _____

Trade References

Firm name: _____ Phone: _____

Firm name: _____ Phone: _____

Firm name: _____ Phone: _____

The undersigned gives FacePro the authority to check with your Company's bank/financial institution and trade references in order to establish an account. Depending on the style of business FacePro may require a personal credit history on the principals.

The undersigned hereby agrees that should a credit account be opened, and in the event of default in the payment of any amount due, and if such account is submitted to a collection authority, to pay an additional charge equal to the cost of collection including court costs.

Company: _____ Date: _____

Signature: _____ Place: _____

Please print your name: _____ Title: _____

If you have not already initiated an order with FacePro please do so by going to www.facepro.net, under "Get Started" & click on "Place Order". After your order request has been submitted you will be given your FacePro Client ID.

FacePro Client ID: _____

Send completed form to sales@facepro.net or fax to 866-226-3759