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a Square Grove, LLC company

Business Account Credit Application

Company Information *Please complete entire application*

Legal Name: _____ Website: _____

Doing Business As: _____ Year Established: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ FAX: _____

Federal ID#: _____ # of employees: _____ Annual Revenue: _____

Organization Type (ex: non-profit, resale, etc.) _____

Corporate Structure (check one): Corporation Sole Proprietorship Partnership LLC/LLP

Other _____

Credit Amount Requested: _____ Quote# (if available): _____

Company Contacts

Purchasing Contact: _____ Email: _____

Phone: _____

AP Contact: _____ Email: _____

Phone: _____ Invoicing Email: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Banking Information

Bank Name: _____ Phone: _____

Bank Address: _____ City: _____ State: _____ Zip: _____

Type of Account: _____ Account #: _____



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Business/Trade References *3 references required. Separate attachment allowed.*

Company Name: _____ Account Number: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: _____ Email: _____

Company Name: _____ Account Number: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: _____ Email: _____

Company Name: _____ Account Number: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: _____ Email: _____

I understand that your terms of sale require payment within 30 days from the date of invoice and agree to meet those terms if credit is extended. Delinquent invoices are subject to a late fee charge of 1.5% per month (18% APR) on the outstanding balance. All invoices are to be paid by the date provided on the invoice. Any claims arising from invoices must be made within seven (7) working days of receipt of that invoice.

The above information is for the purpose of obtaining credit and is warranted to be true. I declare that the information above on this credit application is correct and complete to the best of my knowledge and belief.

I hereby authorize Square Grove, LLC to investigate the references provided pertaining to the company listed above credit worthiness and financial responsibility.

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Please email this completed form and any supporting documents to ar@humansolution.com or to the sales professional that may already be assisting you.