

Business Account Credit Application for UPLIFT Desk and Human Solution

Company Information Please complete entire application

Legal Name: \_\_\_\_\_ Website: \_\_\_\_\_

Doing Business As: \_\_\_\_\_ Year Established: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Address (if different): \_\_\_\_\_ 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): \_\_\_\_\_

Purchasing Contact Information

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Accounts Payable Contact Information

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Invoicing Email (if different): \_\_\_\_\_



Banking Information

Bank Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Bank Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Account #: \_\_\_\_\_

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: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please email this completed form and any supporting documents to [ar@upliftdesk.com](mailto:ar@upliftdesk.com) or to the sales professional that may already be assisting you.