McCalmont Engineering

AN EMPLOYEE-OWNED COMPANY

New Client Credit Application

BUSINESS CONTACT INFORMATION

Contact Name:		Date business commenced:	
Company Name:			Business Classification:
Company Address:			☐ Sole proprietorship
Contact Phone Number:			☐ Partnership
Contact E-mail:			☐ Corporation
Company Website:			☐ Other:

BUSINESS AND CREDIT INFORMATION

How long at current address?		Bank name:	
Dun & Bradstreet number:		Bank address:	
Has the company ever filed Bankruptcy?		Bank Phone Number:	
Accounting Contact Name:		Primary Account number:	
Accounting Contact Email:		Type of account:	☐ Savings ☐ Checking ☐ Other:

PROVIDE THREE (3) BUSINESS REFERENCES (Optional)

Company name:		Phone:	
Address:		Fax:	
City, State ZIP Code:		E-mail:	
Type of account:		Other:	
Company name:		Phone:	
Address:		Fax:	
City, State ZIP Code:		E-mail:	
Type of account:		Other:	
Company name:		Phone:	
Address:		Fax:	
City, State ZIP Code:		E-mail:	
Type of account:		Other:	

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice, unless otherwise agreed in the contract.
2. Any disputes or claims related to an invoice must be submitted in writing within ten (10) days of receipt.
3. By submitting this application, you authorize McCalmont Engineering to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Company Name:		Title of Authorized Representative:	
Date:		Printed Name of Representative:	
Signature:			

By signing, the Applicant certifies that all information provided in this application is accurate and complete.