



Credit Account Application - Business Account

Please complete the application and return it by either one of the following methods:

1. Mail the completed application to 564 Market Street, Suite 211 | San Francisco, CA 94104
2. Fax the completed application to (415) 358 - 9504
3. Submit the completed application by email at the end and follow the instructions

Business Classification (check one):

Corporation
 Corporation - Not For Profit
 LLC
 LLP
 Partnership
 Association
 Sole Proprietorship
 other

Business Information:

Name of Business

Mailing Address Suite/Floor

City State Zip Code

Business Phone Business Fax

Date Business Established

Contact Person Information:

First Name Last Name

Title At Business Phone

E-mail

Credit Information:

Visa#
 MC#
 AmEx#
 Exp. Date

Amount of Credit Desire \$

Estimated Monthly Purchases \$

Have you ever involved in a bankruptcy action? Yes No

If yes, when? _____

Credit References:

Name: _____
 Mailing Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: _____ Fax: _____

Name: _____
 Mailing Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: _____ Fax: _____

Name: _____
 Mailing Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: _____ Fax: _____

I by my signature below, affirm that all information I have given above is correct and accurate to the best of my knowledge. I further authorize DocImpact to charge my credit cards in the event of my failure to pay my account in a timely manner and / or agree to pay all legal expense and charges as a result of my failure to retire any outstanding bills that I or my agents have charged. I, the undersigned, authorize DocImpact to obtain any information needed on this credit inquiry.

Print Name: _____
 Signature: _____ Date: _____
 Title: _____

FOR OFFICE USE ONLY:

Note on account application: Approved Not Approved By: _____
 Reasons: _____
 Customer ID: _____ Date: _____