



Credit application for a business account

Please print this form, complete it and sign it. Email the completed form to AutonomouStuff.

Email: finance team. as.ap@hexagon.com

Business contact information

Title:			
Company name:			
Phone:	Fax:	Email:	
Registered company address:	Fax	Eiliait.	
City:	State:		ZIP code:
Date business commenced:	State		
Sala proprietorchin:		Partnership:	
Corporation:		Other:	
Corporation:		Other:	
Credit information			
D&B number:			
EIN/FEIN:			
Bank name:			
Bank address:		Phone number:	
City:	State: _		ZIP code:
Type of account (savings, checking,	other):		
Account number:			
Business/trade references	Minimum of 3 referer	ices requested	
Company name			
Address:			
City:	State:		ZIP code:
Phone:	Fax:	Email:	
Type of account:			
Company name:			
Address:			
City:	State:		ZIP code:
Phone:	Fax:	Email:	
Type of account:			
Company name:			
Address:			
City:	State:		ZIP code:
Phone:	Fax:	Email:	
Type of account:			
Agreement			
1. Prepayment is due for all orders	until terms have beer	n approved by our finance	department.
2. By submitting this application, y trade references that you have		nouStuff to make inquirie	s into the banking and business/
trade references that you have	зирриви.		
Signatures			
Title:		Title:	
Date:		Date:	