

Xantus LLC  
**CREDIT APPLICATION FOR A BUSINESS ACCOUNT**

<b>BUSINESS CONTACT INFORMATION</b>			
Title		Date business commenced	
Company name		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Phone   Fax			
E-mail			
Registered company address City, State ZIP Code			

<b>BUSINESS AND CREDIT INFORMATION</b>			
City, State ZIP Code		Bank name:	
How long at current address?		Primary business address City, State ZIP Code	
Phone		Phone	
Fax		Account number	
Accounts Payable E-mail		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

<b>BUSINESS/TRADE REFERENCES</b>			
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	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	Other	

**AGREEMENT**

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Xantus LLC to make inquiries into the banking and business/trade references that you have supplied.

<b>SIGNATURES</b>			
Signature		Signature	
Name and Title		Name and Title	
Date		Date	

Please return completed application to: [LeeForsythe@xantusproducts.com](mailto:LeeForsythe@xantusproducts.com) or Fax 217-356-1768  
 Remittance Address: Xantus LLC, 350 N. Walnut St, Champaign IL 61820