



6950 South Tucson Way, Suite 100  
Centennial, CO 80112  
303.740.8370 (Office)  
888.772.1990 (Toll Free)

### Net Terms Credit Application

**Business Information:**

Name: \_\_\_\_\_ DBA: (if applicable) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Website: \_\_\_\_\_

A/P Contact: \_\_\_\_\_ A/P Contact E-Mail: \_\_\_\_\_

**Status:**          S-Corporation      C-Corporation      Sole Proprietorship      Partnership      LLC

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

**Bank:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Account #: \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact: \_\_\_\_\_  
Contact email: \_\_\_\_\_ D-U-N-S: \_\_\_\_\_  
EIN: \_\_\_\_\_ State Resale Tax License: \_\_\_\_\_

**References:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Relationship to Owner: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Relationship to Owner: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Relationship to Owner: \_\_\_\_\_ Years Known: \_\_\_\_\_

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

I, the undersigned, am authorizing Bell ATM Services to contact our bank and trade references to obtain credit information for the purpose of extending credit to our company.