3 NNATTS COMPLEX, FAIRVIEW, MONTEGO BAY, ST. JAMES, JAMAICA

(876) 928-2042; (876) 928-2994; (876) 383-3112

info@budgetdepotja.com

CREDIT APPLICATION FORM

BUSINESS CONTACT INFORMATION			
Title		Date business commenced	
Company name		☐ Sole proprietorship	
Phone | Fax		☐ Partnership	
E-mail		☐ Corporation	
Registered company address		☐ Other	

BUSINESS AND CREDIT INFORMATION			
Physical Address:		Bank name:	
How long at current address?		Bank Branch Code/ address	
Phone		Phone	
Fax		Account number	
E-mail		Type of account	☐Savings ☐ Checking ☐ Other

BUSINESS/TRADE REFERENCES			
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Contact Person:		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Contact Person		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Contact Person		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 Budget Depot Limited to make inquiries into the banking and business/trade references that you have supplied.
4. In the event that the account remains unpaid beyond thirty days but not more than sixty days past the due date, 3% will be added unto the full balance owed until date of payment.
5. In the event that the account remains unpaid beyond 60 day, the Signatory (Guarantor) will be held responsible and if placed with an attorney or collection agency for collection, will be obligated to pay ALL collection costs (including attorney or agency fees).

WE RESERVE THE RIGHT TO USE ANY NETWORK NECESSARY, INCLUDING SOCIAL MEDIA AS A MEANS OF ENSURING DEBT COLLECTION

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	