

Application for Credit

Name of Bank _____

Address _____

Zip _____

Phone _____

Bank Officer _____

Address _____

Zip _____

Phone _____

References: (Please include fax number)

1 _____

Business Name _____ Contact Person _____

Address _____ City _____ State _____ Zi _____

Phone _____ Fa: _____

2 _____

Business Name _____ Contact Person _____

Address _____ City _____ State _____ Zi _____

Phone _____ Fa: _____

3 _____

Business Name _____ Contact Person _____

Address _____ City _____ State _____ Zi _____

Phone _____ Fa: _____

TERMS FOR PAYMENT:

The Greater new Orleans Industrial Educational Council is a non-profit corporation, supported entirely through modest annual membership dues and fees assessed for class attendance. We strive to offer sessions at the lowest affordable fees.

If an invoice has not been paid **60 days** following attendance, we will be unable to accommodate a request for training. We ask our clients to help us maintain our low fee structure by processing our invoices for payment promptly.

TERMS OF PAYMENT ACCEPTANCE:

We certify that all the information on this form is correct. We fully understand your credit terms and agree to proper payment in consideration of extended credit.

Signed _____

Title _____

Date _____