



1701 East Columbia St
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Accounts Receivable
Receivables@ebninc.com

Business Name: _____

PLEASE PRINT

Business Address: _____

Street

City

State

Zip Code

Phone # () _____

Fax # () _____

E-Mail: _____

Ownership:

Sole Owner

Partnership

Corporation

Principals:

Name

Title

Phone/Email

Name

Title

Phone/Email

Name

Title

Phone/Email

Invoices Sent:

US Mail

Fax

E-Mail

Billing Address/ Billing Email /Fax: _____

Length Of Business: _____

Type Of Business: _____

Is this Business affiliated or part of another business that is now on our books?

YES

NO

If Yes Business Name: _____

Bank Reference:

Name

Address

Phone #

Applicant authorizes any supplier or bank to provide EBN all information requested about all accounts and obligations for which I or the company is a signatory. In consideration of extension of credit by EBN I agree to terms of sale. **Net 30** Days of shipment and to pay at the rate of 18% per annual, **interest on PAST DUE** accounts plus costs of collection and attorney's fee of not less than 15% of the balance due. I have read the above carefully and certify all the above stated is true and correct.

Signature: _____

Date: _____

PRINT:

MUST BE SIGNED TO BE PROCESSED

Office Use Only

CL _____ / PL _____ / A# _____

