



Work World America, Inc.

2030 Peabody Road, Suite 300
Vacaville, CA 95687
(707) 453-7800 Fax (707) 453-7801
OUR TERMS: NET 45 DAYS

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

COMPANY NAME _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
TELEPHONE _____ FAX _____ TAX ID# _____
ACCOUNTS PAYABLE CONTACT _____ RESALE# _____ IN BUSINESS SINCE _____
TYPE OF BUSINESS _____ CORPORATION _____ PARTNERSHIP _____ SOLE PROPRIETOR _____
NAME AND TITLE OF PRINCIPLE OFFICERS
NAME _____ TITLE _____
NAME _____ TITLE _____

BANK INFORMATION

NAME OF BANK _____
BRANCH _____ CONTACT _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
TELEPHONE _____ ACCOUNT# _____

TRADE REFERENCES

NAME _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE _____ FAX _____ EMAIL _____
DATE ACCOUNT OPENED _____

NAME _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE _____ FAX _____ EMAIL _____
DATE ACCOUNT OPENED _____

NAME _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE _____ FAX _____ EMAIL _____
DATE ACCOUNT OPENED _____

By submitting this application, you authorize Work World America, Inc to make inquiries into the banking and trade references you have provided. All invoices are to be paid within 45 days from date of invoice. Claims arising from invoices must be made within seven working days.

Signature _____

Title _____

Date _____