



# CWS CORPORATE HOUSING CREDIT APPLICATION

## BUSINESS CONTACT INFORMATION

Company name:

Web address:

Phone:

Fax:

E-mail:

Address:

City:

State:

ZIP Code:

Date business commenced:

Type of Business:

# of Employees:

Federal ID#:

D&B#:

Other:

## BUSINESS AND CREDIT INFORMATION

Billing address:

City:

State:

ZIP Code:

Billing contact name:

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account

Account number

Savings

Checking

Other

## BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

## AGREEMENT

1. All invoices are due on the 1<sup>st</sup> of the month. Invoices paid after the 1<sup>st</sup> will be subject to a 10% late fee.
2. Please attach a copy of your current W-9.
3. By submitting this application, you authorize CWS Corporate Housing to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

AUTHORIZED SIGNERS

Signature:

Title:

Date:

- 1.
- 2.
- 3.