

Commercial Credit Application



Please fill out the fields below to apply for a credit account. Get more of what you want with the NT Net 30 Account and take advantage of tools to help you work sm harder. Note, any Personal Guarantor submitted with this application must be the same person as the authorize representative applying for credit. If additional Personal Guarantors are required, we will contact you. Please don't close out of your browser to avoid losing information in the application.	
Tell us about you	^
First Name	
Middle Name (optional)	
Last Name	
Suffix (optional)	•
Title	
CEO, Owner, etc	
Tell us about your business	^

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Business Type	
BUSINESS NAME	
Legal Name of Business	
Doing Business As (optional)	
BUSINESS PHYSICAL ADDRESS Please provide your business address. No PO boxes or CMRAs please.	
Street Address	
	11. () () () () () () () () () (
Apt, Ste, Unit, etc (optional)	
City	
State	
Cip Code	
BUSINESS CONTACT INFORMATION	
Phone	
()	AND A STATE OF THE PROPERTY OF
ax (optional)	
() -	
Email	
example@email.com	

Company Website (op	ional)				
BUSINESS INFORMA	TION	PANIS AND THAT IS AN A SECTION OF THE PROPERTY AND A PROPERTY AND		e and and this particle of March & March March Confidence	
Fax ID (Federal Employ	er #)		M. M	one day, or we can only a control of the	
Business Start Date	т и симиним права на пада и спарт от супцинални спада		1. T A & 2 T MAN 18 A 2 T MAY 18 A 2 T M A 2 T M A 2 T M A 2 T M A 2 T M A 2 T M A 2 T M A 2 T M A 2 T M A 2 T		
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Market and the second s					
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Number of Employees	(optional)				
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Requested Credit Limit	(optional)				
Gross Annual Revenue	(optional)				
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Fax (optional)
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Email
example@email.com
When you provide your email address, we may use it to send you important information about your application and account(s), as well as other useful products and services.
Please read and indicate acceptance of the account agreement terms prior to submitting your application
Electronic Communications Disclosure
By checking this box, I am certifying I have reviewed and agree to the terms of the Electronic Communications Disclosure. (/document/d1aff18f-1644-4b0b-a1fe-cdd1f8f139d6/ELECTRONIC_DISCLOSURE.pdf)
Authorized Signature
By checking this box, you are agreeing to the terms and conditions in the Customer Agreement. (/document/85ffc74d-3192-42c1-9a4c-b5eaf51f57c8/ACCOUNT_AGREEMENT.pdf)
By clicking Submit Application, I am certifying to the best of my knowledge, that the information provided in this application is complete and correct and acknowledging that I have read and agree to the Terms of Offer. (/document/451362d3-be9a-42c3-985b-76b2999306a3/APPLICATION_CONSENT.pdf)
Submit Application
mportant Information About Procedures for Opening a New Account
Federal regulations require us to obtain specific information about any individual who owns, directly or indirectly, 25% or more of the business customer. They also require us to collect information for an individual who has significant responsibility to control, manage or direct the business customer. The information requested in this form addresses these requirements. We may also ask to see a copy of the individual's driver's license or other dentifying documents.
What this means for you: When you open an account, we will ask for your name, address, date of birth, and other nformation that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

We've got you covered.

Phone

888-321-6698 Monday - Friday, 7am — 8pm

Saturday, 8am - 5pm (ET)

E-mail

help@capitalonetradecredit.com (mailto:)

PRIVACY (HTTPS://WWW.CAPITALONE.COM/PRIVACY)

SECURITY (HTTPS://WWW.CAPITALONE.COM/IDENTITY-PROTECTION/COMMITMENT)

TERMS & CONDITIONS (HTTPS://WWW.CAPITALONE.COM/LEGAL/TERMS-CONDITIONS)

CapitalOne (https://www.capitalone.com/)

(https://www.fdic.gov/)

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