



CREDIT APPLICATION

Business Name: _____ Phone: _____

Address: _____ For past _____ years
(Street) (City) (State) (Zip)

Shipping Address: _____
(Street) (City) (State) (Zip)

D/B/A: _____ FEDERAL TAX I.D. NUMBER: _____

Former Business Address: (If Applicable) _____

Type of Business: _____ Date Est. _____ How Long in Business _____

OWNERSHIP: Sole Owner Partnership Corporation

PRINCIPAL: _____
(Name) (Title)

PRINCIPAL: _____
(Name) (Title)

PRINCIPAL: _____
(Name) (Title)

TRADE REFERENCES: (Name suppliers of major products and services)

NAME: _____ ADDRESS/PHONE: _____

BANK REFERENCE: Checking Loan Savings

(Name) (Address) (Contact)

(Name) (Address) (Contact)

No. of Employees _____ Est. Annual Sales \$ _____ Sales Area _____

Has the firm or any of its Principals ever been bankrupt? Yes No

If yes, Explain: _____

Mortgage Holder/Landlord: _____

Address: _____ Phone: _____

OTHER BUSINESS DEBTS:

NAME: _____ ADDRESS: _____ BALANCE DUE: _____

Applicant agrees to pay any collection costs incurred to collect the amount balance, including reasonable attorney's fees.

The Undersigned Will/Will Not Submit a Financial Statement.

The undersigned as an inducement to grant credit warrants that the information submitted is true and correct. You are authorized to investigate the credit references listed above.

(Name) (Title)

(Name) (Title)

CREDIT DEPARTMENT USE ONLY

Date Line of Credit Approved _____

Date Line of Credit Denied _____

COMMENTS: _____