

CREDIT APPLICATION

GENERAL INFORMATION

APPLICANT (EXACT CORPORATE NAME)

STREET ADDRESS	CITY	STATE	ZIP
PHONE ()	FAX ()		
TYPE OF BUSINESS	DATE BUSINESS STARTED	NUMBER OF EMPLOYEES	
COUNTY WHERE BUSINESS IS LOCATED	STATE OF INCORPORATION	<input type="checkbox"/> "C" Corporation	<input type="checkbox"/> "S" Corporation
		<input type="checkbox"/> Partnership	<input type="checkbox"/> Proprietorship
AMOUNT OF CREDIT REQUESTED	ACCOUNTS PAYABLE CONTACT		

OWNERSHIP INFORMATION

OFFICER/PARTNER NAME	% OWNERSHIP	TITLE	SOCIAL SECURITY NUMBER
HOME ADDRESS	CITY	STATE	ZIP
			HOME PHONE ()
OFFICER/PARTNER NAME	% OWNERSHIP	TITLE	SOCIAL SECURITY NUMBER
HOME ADDRESS	CITY	STATE	ZIP
			HOME PHONE ()
OFFICER/PARTNER NAME	% OWNERSHIP	TITLE	SOCIAL SECURITY NUMBER
HOME ADDRESS	CITY	STATE	ZIP
			HOME PHONE ()

BANKING REFERENCES

BANK NAME	CHECKING ACCOUNT NAME	LOANS (YES/NO)
CONTACT	TITLE	PHONE NUMBER ()
BANK NAME	CHECKING ACCOUNT NAME	LOANS (YES/NO)
CONTACT	TITLE	PHONE NUMBER ()

TRADE REFERENCES

COMPANY NAME	PHONE NUMBER ()	FAX NUMBER ()	
ADDRESS	CITY	STATE	ZIP
COMPANY NAME	PHONE NUMBER ()	FAX NUMBER ()	
ADDRESS	CITY	STATE	ZIP
COMPANY NAME	PHONE NUMBER ()	FAX NUMBER ()	
ADDRESS	CITY	STATE	ZIP
COMPANY NAME	PHONE NUMBER ()	FAX NUMBER ()	
ADDRESS	CITY	STATE	ZIP
COMPANY NAME	PHONE NUMBER ()	FAX NUMBER ()	
ADDRESS	CITY	STATE	ZIP

The information provided in this credit application is given for the purpose of obtaining credit and is warranted to be true. I (We) hereby authorize the firm or its agents to whom this application is made to investigate the references listed pertaining to our credit and financial responsibility.

SIGNATURE	DATE
PRINTED NAME	TITLE