

Credit Application

I prefer Paperless Billing

Business Name _____ Line of Credit Requested \$ _____

Phone (_____) _____ Fax (_____) _____

Address _____ For Past _____ years

Shipping Address _____

D/B/A _____ Federal Tax ID# _____

Former Business Address (if applicable) _____

Type of Business _____ Date Established _____ How long in Business _____

Mortgage holder/Landlord _____

City, State, Zip _____ Phone # _____

Does State, County, or City require a License? Yes No If Yes, License # _____

OWNERSHIP: Sole Proprietorship Partnership Corporation

PRINCIPAL: _____
 (NAME) (Title) (SS#)

PRINCIPAL: _____
 (NAME) (Title) (SS#)

PRINCIPAL: _____
 (NAME) (Title) (SS#)

PRINCIPAL: _____
 (NAME) (Title) (SS#)

TRADE REFERENCES:

NAME	ADDRESS/PHONE#
_____	_____
_____	_____
_____	_____
_____	_____

BANK REFERENCES:

_____ (Name)	_____ (Address)	_____ (Acct #)	_____ (contact)
_____ (Name)	_____ (Address)	_____ (Acct #)	_____ (contact)
_____ (Name)	_____ (Address)	_____ (Acct #)	_____ (contact)

Accounts Payable Contact

 (Name) (Phone #) (Fax #)

No. of Employees _____ Est. Annual sales _____ Sales Area _____

