



BUSINESS CREDIT APPLICATION

Name/ Address

Last:	First:	Middle Initial:	Title:
Name of Business:			Tax I.D. Number:
Address:			
City:	State:	Zip:	Phone:

Company Information:

Type of Business:	Years in Business:
Legal Form Under Which Business Operates:	Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/>
If Division/Subsidiary, Name of Parent Company:	
Name of Company Principal Responsible for Business Transactions:	Title:
Address:	City: State: Phone:
Purchase Orders Required: Yes No	Purchasing Manager: Phone:

Credit/ Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Open Since:	Account Open Since:	Account Open Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

Bank References

Institution Name:			
Checking Account #:			
Address:	City:	State:	Zip:
Phone:			

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature

Date