APPLICATION FOR CREDIT

Company Legal Name: _____ DBA: _____ Yrs. in Business ___

Street Address: _____ City: _____ State: _____ Zip: ____

Mailing Address: _____ City: _____ State: _____ Zip: ____

Phone # _____ Fax # _____ Line of Business _____

Primary line of Business _____

Type of Business (Check One):

◯ Individual ◯ Partnership
◉ Corporation
◯ Subsidiary

Owners name: _____
Major shareholders, Directors & Officers _____
Name of parent company: _____

Personal contacts:

President/Owner _____ Phone _____ Fax _____ E-Mail _____
Financial Officer _____ Phone _____ Fax _____ E-Mail _____
Buyer/Purchaser _____ Phone _____ Fax _____ E-Mail _____
Accounts Payable _____ Phone _____ Fax _____ E-Mail _____

Bank Reference:

Bank Name _____
Address _____
Phone Number _____ Fax Number _____
Loan officer or other contact _____
Account Numbers: Checking _____
Savings _____
Other _____

Trade Reference:

Name _____ Address _____ Phone Number _____ Contact _____	Name _____ Address _____ Phone Number _____ Contact _____
Name _____ Address _____ Phone Number _____ Contact _____	Name _____ Address _____ Phone Number _____ Contact _____

Requested Credit Line (Approximate monthly purchases) $ _____

Authorized Signature: _____ Date: _____
Printed Name: _____ Title _____