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CREDIT APPLICATION

DATE: _____

BUS. NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____ EMAIL _____

The following information is submitted for your consideration as a basis of extension of credit to us:

We operate _____ We have been established _____ years.
(Type of Business)

RESALE # _____ STATE _____

3 trade references with whom we do business on an open account:

(Company Name) (Contact Name) (Phone) (Fax) (Email)

(Company Name) (Contact Name) (Phone) (Fax) (Email)

(Company Name) (Contact Name) (Phone) (Fax) (Email)

Bank References:

(Name) (Acct.#) (Contact Name) (Phone/Fax)

(Name) (Acct.#) (Contact Name) (Phone/Fax)

DATE _____ SIGNED BY _____ TITLE _____

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize our bank(s) to release any information necessary to assist in establishing a line of credit.

Firm Name _____

Address _____

City, State, Zip _____

Authorized by _____

Title _____