

Credit Application

Your Name _____ Date Business Began _____
 Trade Name of Company _____ Annual Sales _____
 Street Address _____ Retail Lic. No. _____
 City/State/Zip _____ Phone _____ Fax _____
 Company Web Address _____ Email _____

Your Business is:

- A Corporation
 A Partnership
 An Individual

Bank Name _____
 Address _____

 Account Number _____ Phone Number _____

List the names of the officers and partners below:

Names	Addresses
_____	_____
_____	_____
_____	_____
_____	_____

Terms of credit that best suit your needs:

- C.O.D.
 Prepayment
 Open Credit Limit
 \$750
 \$1000
 \$1500
 \$2000
 \$2500
 \$3000
 \$5000

List four supplier references including full addresses and phone number:

1. _____

2. _____

3. _____

4. _____

Is your location or building:

- Owned
 Rented
 Leased

Is your business operated from your residence?

- Yes
 No

Application requested by:

Name _____
 Title _____
 Date _____

Authorized Signature:
