

Commercial Credit Application

Company Name/Purchaser _____
Mailing address _____
Physical address _____
Phone number _____ Fax number _____ Web Site _____
Years in business _____ Years under current management _____ D&B Duns Number _____
Type of business: Corporation _____ LP _____ LLC _____ Proprietorship _____ Partnership _____ Other _____
If incorporated: Fed. Tax I.D.# _____ State of Inc. _____ Year of Inc. _____
Give us a brief description of they nature, size, and scope of your business: _____

Accounts Payable Contact: _____ A/P Phone number _____
A/P E-Mail _____ A/P Fax number _____
Estimated monthly purchases \$ _____ Do you require a purchase order number? Yes / No

CREDIT REFERENCES:

Bank _____ City, State _____
Contact _____ Account Number _____
Phone _____ Fax _____

Name _____ City, State _____
Contact _____ Phone _____ Fax _____

Name _____ City, State _____
Contact _____ Phone _____ Fax _____

Name _____ City, State _____
Contact _____ Phone _____ Fax _____

OWNER INFORMATION

Full Name _____ E-Mail _____ Title _____
Home address _____
Home phone number _____ Date of birth _____ Social security # _____

Full Name _____ E-Mail _____ Title _____
Home address _____
Home phone number _____ Date of birth _____ Social security # _____

The undersigned represents that the information given in this application and in support of this application is complete and accurate and authorizes us to check with their bank, credit reporting agencies, credit references, and other sources disclosed herein to determine the credit worthiness of the Purchaser.

Signed: _____ Title: _____ Date: _____

It is our policy to secure a current financial statement from the applicant before an application is processed.