



Business Credit Application

Business Name _____ Date _____
 Address _____ City _____ State _____ Zip _____
 Owner / Manager _____ Phone Number _____
 Line of Business _____ How long in Business _____
 Sales Tax Number _____ () Resale () Other _____

If Incorporated, Name of: President _____
 Treasurer _____
 Secretary _____

If Partnership, Name of Partners. _____

Trade References:
 Name _____ Address _____ Phone _____
 Name _____ Address _____ Phone _____
 Name _____ Address _____ Phone _____
 Name _____ Address _____ Phone _____

Bank References:
 Name _____ Address _____ Account# _____
 Contact _____ Phone Number _____
 Name _____ Address _____ Account# _____
 Contact _____ Phone Number _____

Credit Line Requested \$ _____ D & B Rated _____

Comments: _____

The undersigned authorizes inquiry as to credit information. We further acknowledge credit privileges, if granted, may be withdrawn at any time.

Signed _____
 Title _____

MUST BE OWNER / OFFICER