



# Credit Application

## Company Information

Last Name:	First Name:	Middle Initial:	Title:
Legal Name of Business (including DBA):			Tax I.D. Number:
Type of Business:			In Business Since:
Legal Form Under Which Business Operates: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other			
Address:			Phone:
City	State:	ZIP:	Fax:
Primary contact e-mail address:			

## Bank References

Institution Name:	Checking Account #		
Address:			
City:	State:	ZIP:	Phone:

Institution Name:	Checking Account #		
Address:			
City:	State:	ZIP:	Phone:

# Credit Application

## Trade References

Company Name:		Contact Name:	
Address:			
City:		State:	ZIP:
			Phone:
Current Balance:	Credit Limit:		Account Opened Since:

Company Name:		Contact Name:	
Address:			
City:		State:	ZIP:
			Phone:
Current Balance:	Credit Limit:		Account Opened Since:

Company Name:		Contact Name:	
Address:			
City:		State:	ZIP:
			Phone:
Current Balance:	Credit Limit:		Account Opened Since:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Company Name*