

Signature _____

APPLICATION FOR BUSINESS CREDIT

Date	Sales Representative								
BUSINESS CONTACT INFO	ORMATION								
Name		Last Nam	e			Title			
Phone		Fax				Email			
Company Name		Doing Bu	siness As			Date Established			
Street Address		City				State/Zip			
Fed Tax ID #/ EIN #		Type of B	usiness	Corporation	Partnership	Sole Proprie	torship	LLC	Other
CREDIT INFORMATION									
Dun & Bradstreet #	Yes	No	Number?			Rating?			
Bankruptcy?	Yes	No	When?						
Settlements with Creditors?	Yes	No	When?						
Suits or Pending Liens?	Yes	No		With Whom? / How much?					
Business Building Value			Lease Own						
Mortgage?	Yes No		With Whom?			How Much?			
BANK INFORMATION									
Bank 1		Branch			Phone		Fax		
Street Address		City			State		Zip		
Account Number		Account Typ	e		Contact				
Bank 2		Branch			Phone		Fax		
Street Address		City			State		Zip		
Account Number Ac		Account Typ	Account Type		Contact				
BUSINESS REFERENCES									
Principal Supplier 1			Telephone		Fax		Contact		
Street Address			City		State, Zip		Email Add	ress	
Principal Supplier 2			Telephone		Fax		Contact		
Street Address			City		State, Zip		Email Add	ress	
Principal Supplier 3			Telephone		Fax		Contact		
Street Address			City		State , Zip		Email Add	ress	
Principal Supplier 4			Telephone		Fax		Contact		
Street Address			City		State, Zip		Email Add	ress	
This statement is submitted as a collection of any monies due to		-		-		-	-	-	

_____ Date ____

share-holder, or partner in my personal capacity agree to guarantee the amount extended to the above_Partnership or _Corporation.