

BUSINESS CREDIT APPLICATION

Name / Address

Last:	First:	Middle Initial:	Title
Company Name:			Tax I.D. Number
Address:			
City:	State/Province:	ZIP/Postal Code:	Phone:

Company Information

Type of Business:	In Business Since:			
Legal Form Under Which Business Operates:				
State/Province/Country:	Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other <input type="checkbox"/>			
If Division/Subsidiary, Name of Parent Company:	In Business Since:			
Name of Company Principal Responsible for Business Transactions:	Title:			
Address:	City:	State/Province:	ZIP:	Phone:
Name of Company Principal Responsible for Business Transactions:	Title:			
Address:	City:	State/Province:	ZIP:	Phone:

Bank References

Institution Name:	Institution Name:	Institution Name:
Checking Account #:	Savings Account #:	Home Equity Loan: Loan Balance:
Address:	Address:	Address:
Contact Person :	Contact Person :	Contact Person :
Phone:	Phone:	Phone:

Trade References

COMPANY NAME:	COMPANY NAME:	COMPANY NAME:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

Financial information

Company Total Assets :	Company Total Liabilities:	Amount of Credit Requested:
Annual Net Income:		
Have you or your officers or affiliates ever filed a petition in bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is your company subject to any litigation? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, describe:		