

CREDIT APPLICATION

 COMPANY

Line of Credit Requested \$ _____ Present Balance \$ _____

* Terms are within 30 days of receipt of invoice

 (Date)

Business Name _____ Phone _____
 Area Code and Phone Number

Address _____
 (Street) (City) (State) (Zip Code)

Shipping Address _____
 (Street) (City) (State) (Zip Code)

D/B/A _____ Federal Tax I.D. Number _____

Formal Business Address (If Applicable) _____

Type of Business _____ Date Established _____ How Long in Business _____

Does State, County or City require a License? Yes No

If Yes, License # _____

OWNERSHIP: Sole Owner Partnership Corporation

PRINCIPLE: _____
 (Name) (Title) (SS#) (Home Address)

PRINCIPLE: _____
 (Name) (Title) (SS#) (Home Address)

PRINCIPLE: _____
 (Name) (Title) (SS#) (Home Address)

TRADE REFERENCES: (Name suppliers of major products and services)

NAME

ADDRESS/PHONE

_____	_____
_____	_____
_____	_____
_____	_____