

CREDIT APPLICATION

Date: _____

Credit Limit Requested: \$ _____

Company Information

Full Legal Name _____		Phone# _____
DBA (if different) _____		Fax# _____
Address _____		email _____
City _____	State _____	Zip Code _____
Website _____		
Type of Company	____ Corporation	____ Partnership
	____ Sole Proprietor	____ Limited Liability Company
	____ Other (specify) _____	
Federal Tax ID# or Social Security Number _____		How long in business? _____
State where incorporated _____		Number of employees _____

Ownership Information

Please complete the below information for all officers, partners, members and owners. Please attach a separate sheet of paper if more space is required.

Name	Title	Ownership %	Home Address	Home Phone #

Bank Reference

Name of Bank: _____	Bank Address _____	Phone # _____
Contact Name: _____	Account# _____	Type of Account _____

Trade References

Please list three significant business relationships.

Name	Address	Phone #	Contact

Mortgage Holder/Landlord Information

Do you rent or own premises that the business occupies? _____	Years at location: _____
Mortgage Holder/Landlord Name: _____	Contact Person: _____
Address: _____	Phone#: _____

- (1) Has the company or any officer, partner, member, or owner ever filed for bankruptcy? Yes/No (If yes attach detail)
- (2) Has your company or any company that any officer, partner, member or owner been associated with as an officer, partner, member, or owner ever had credit with us before? **Yes/No** (If yes under what name _____).

By signing below, I certify that I have the authority to bind the company to this agreement, and that I agree to creditor's terms of sale of _____, I also agree and accept that the credit limit and credit terms maybe changed or withdrawn at the sole discretion of the creditor. Creditor shall include creditor subsidiaries, related companies, and assigns.

The information given herein is offered as part of a request by the applicant for an extension of credit for commercial business use. The information provided is represented by the applicant to be true, correct and complete. The Applicant authorizes Creditor to investigate all credit references and other sources pertaining to our credit and financial responsibility. The undersigned authorizes its banks and trade creditors to provide Creditor with complete information for the purpose of credit evaluation. The applicant understands that all past due balances will be subject to a _____ per month finance charge. The applicant agrees to pay _____ collection charge in the event of default, if the account is placed with a collection agency or attorney.

Applicant Company Name: _____

Signature: _____ **Title:** _____ **Date:** _____

Print Name: _____