

Business Credit Application

Contact Information					
Company Name:			Tax I.D. Number:		
Address:					
City:	State:		Zip Code:		
Phone:		Fax:			
General Contact Name/Title:			Phone:		
AP Contact Name:			Phone:		
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	Company	Information			
Type of Business:			In business since:		
Legal Classification/Tax Classification: Corporation (C) Partnership (P) Sole-Proprietorship (SP) S-Corporation (S): State/Province/Country:					
If Division/Subsidiary, Name of Parent Co	ompany:				
Name of Company Principal Responsible	e for Busines	ss Transactions:			
Title: Phone:			Email:		
Name of Company Principal Responsible	e for Busines	ss Transactions:			
Title: Phone:			Email:		
	Bank Re	ferences			
Institution Name:			Contact:		
Bank address:	Phone:		Zin Codo:		
City: Institution Name:	State:		Zip Code:		
Bank address:	Phone:		Contact:		
City:	State:		Zip Code:		
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	Trade Re	eferences			
Company Name:		Company Name:			
Contact Name:		Contact Name:			
Address:		Address:			
Phone:		Phone:			
		Account Opened Since:			
Credit Limit:		Credit Limit:			
Current Balance:		Current Balance:			

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

Financial Information				
Company Total Assets:	Company Total Liabilities:	Amt of Credit Requested:		
Annual Net Income:		\$		
Have you or your officers or affiliates ever	filed a petition in bankruptcy?			
Is your company subject to any litigation?	(If yes, describe)			
*Credit applications in excess of \$100k red	quire additional financial information.			
**Applications in excess of \$1 million requi	re reviewed/audited statements.			

We declare that the above information is true, correct and complete and is given to induce the Company to extend credit. We authorize the Company to make such credit investigation as the Company sees fit, including contacting the above trade references and banks and obtaining credit reports. We authorize all trade references, banks and credit reporting agencies to disclose to the Company any and all information concerning the financial and credit history of the company.

Authorized Signature			
Company Name:			
Authorized Signature:			
Title:			
Printed Name/Title:			
Date:			