

## BUSINESS CREDIT APPLICATION

### CONTACT INFORMATION

YOUR NAME	TITLE
EMAIL	PHONE

### BUSINESS INFORMATION AS REGISTERED

COMPANY NAME	
ADDRESS	PHONE
CITY	STATE/ZIP
LENGTH OF TIME AT CURRENT ADDRESS: _____ YEARS _____ MONTHS	

### TYPE OF BUSINESS

SOLE PROPRIETORSHIP \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ LLC \_\_\_\_\_ CORPORATION \_\_\_\_\_ OTHER \_\_\_\_\_

### BANK INFORMATION

BANK NAME	CONTACT NAME
ADDRESS	PHONE
CITY	STATE/ZIP
<b>TYPE OF ACCOUNT</b>	<b>ACCOUNT NUMBER</b>
SAVINGS	
CHECKING	

### BUSINESS REFERENCES

Please provide at least three other companies your business has established credit with previously

1. COMPANY	CONTACT NAME
PHONE	EMAIL
ADDRESS	TITLE
CITY	STATE/ZIP
COMMENTS	
2. COMPANY	CONTACT NAME
PHONE	EMAIL
ADDRESS	TITLE
CITY	STATE/ZIP
COMMENTS	
3. COMPANY	CONTACT NAME
PHONE	EMAIL
ADDRESS	TITLE
CITY	STATE/ZIP
COMMENTS	

SIGNATURE

DATE