

Credit Application

COMPLETE IN INK

Company Name						Date	
Address						Duns#	
City			State		Zip	Credit Line Requested	
Accounts Payable Address							
Accounts Payable Contact			E-mail Address		Phone		Fax
# Of Employees Here		Total	Sales Volume \$		Total Number Of Employees		# Years In Business Under This Name
Payment Personally Guaranteed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	By			Title	
Will you be the "end user" of the product?		<input type="checkbox"/> Yes <input type="checkbox"/> No					

Ownership

Name Of Owner			E-mail Address		Phone		Fax
Address				City		State	Zip
Name Of Owner			E-mail Address		Phone		Fax
Address				City		State	Zip

Trade Reference

Company Name				Phone		Fax	
Address				City		State	Zip
Company Name				Phone		Fax	
Address				City		State	Zip
Company Name				Phone		Fax	
Address				City		State	Zip

Bank Reference

Bank Name			Account #		Phone		Fax
Address				City		State	Zip
Bank Name			Account #		Phone		Fax
Address				City		State	Zip

Signature

All statements made herein are true and accurate to the best of our knowledge. We authorize the above company to make any and all inquiries necessary for action on this credit application. We hereby indemnify the above company and its agents, from any liability resulting from their credit survey.			Authorized Signature		Title		Date
Type Of Business <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Subsidiary <input type="checkbox"/> Partnership <input type="checkbox"/> Division		<input type="checkbox"/> Corporation In State Of		<input type="checkbox"/> Declined <input type="checkbox"/> Approved		Credit Advisor	Date
Amount \$							

