



Credit Application

Legal Name: _____ DBA: _____

Phone Number: _____ Fax Number: _____ Email: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Description of Business: _____

Business Start Date: _____ Fed ID: _____

Name of President/Owner: _____

Type of Business: _____ Expected monthly credit requirement 500 | 1000 | 1000+

If business is a partnership or proprietorship, the names and address of each sole proprietor are:

Name: _____ SS#: _____

Address: _____ Phone: _____

Name: _____ SS#: _____

Address: _____ Phone: _____

If business is a corporation, attach a list of the names and addresses of its officers and directors.

If business is an LLC, attach a list of the names and addresses of its managers.

Trade References

Bank

Name: _____ Contact: _____

Street Address: _____ Account#: _____

City: _____ State _____ Zip: _____

Phone: _____ / _____ Fax: _____ / _____

area code

area code

Major Supplier

Name: _____ Contact: _____

Street Address: _____ Account#: _____

City: _____ State _____ Zip: _____

Phone: _____ / _____ Fax: _____ / _____

area code

area code

Major Supplier

Name: _____ Contact: _____

Street Address: _____ Account#: _____

City: _____ State _____ Zip: _____

Phone: _____ / _____ Fax: _____ / _____

area code

area code

Major Supplier

Name: _____ Contact: _____

Street Address: _____ Account#: _____

City: _____ State _____ Zip: _____

Phone: _____ / _____ Fax: _____ / _____

area code

area code

*****PLEASE NOTE THAT ALL APPLICATIONS MUST BE ACCOMPANIED A W-9 FORM AND A SALES TAX EXEMPTION CERTIFICATE IF APPLICABLE*****