

COMMERCIAL CREDIT APPLICATION

COMPANY NAME: _____
(Exactly as it appears on invoices)

BILLING ADDRESS: _____
SHIPPING ADDRESS: _____
CITY _____ **ST** _____ **ZIP** _____
PHONE # _____ **FAX #** _____

NUMBER OF YEARS IN BUSINESS ___ **TYPE OF BUSINESS** _____

IS BUSINESS A: CORPERATION ___ **PARTNERSHIP** ___ **PROPRIETORSHIP** ___
STATE OF INC. _____ **DATE OF INC.** _____
FEDERAL ID# _____
NAME OF PERSON TO CONTACT _____

NAME & TITLE OF OFFICERS/OWNERS:

NAME _____ **HOME PHONE #** _____
ADDRESS _____
SOCIAL SECURITY NO. _____
FILED FOR BANKRUPTCY ___ **YES** ___ **NO** **IF YES, WHEN** _____
DATE OF BIRTH _____

NAME _____ **HOME PHONE #** _____
ADDRESS _____
SOCIAL SECURITY NO. _____
FILED FOR BANKRUPTCY ___ **YES** ___ **NO** **IF YES, WHEN** _____

DO YOU OPERATE ANY BRANCHES: YES ___ **NO** ___
WHAT LOCATIONS _____

IS YOUR COMPANY A DIVISION, SUBSIDIARY OR AFFILIATED WITH ANOTHER COMPANY OR DO YOU NOW OWN OR HAVE OWNED ANY OTHER BUSINESS (ES) IN THE PAST?

IF YES, COMPLETE THE FOLLOWING:
COMPANY NAME: _____
ADDRESS: _____

REMARKS:

PRESENT OR PREVIOUS LANDLORD: _____

ADDRESS: _____

PHONE: _____

Have you ever been served and eviction notice or been asked to vacate a property you were renting? Yes No

Have you ever willfully or intentionally refused to pay rent when due?
 Yes No

BANK NAME: _____

ADDRESS: _____ **PHONE #** _____

CHECKING ACCOUNT NO. _____

OFFICER TO CONTACT: _____

TRADE REFERENCES WHO SELL YOU ON OPEN ACCOUNT:

NAME _____ **PHONE#** _____

ADDRESS _____

NAME _____ **PHONE#** _____

ADDRESS _____

NAME _____ **PHONE#** _____

ADDRESS _____

Omission of any requested information above could result in delay or possible denial of Credit Application. Unsigned applications will not be approved

Date

Applicant #1

Date

Applicant #2

Date

Applicant #1

Date

Applicant #2