

Eangee Home Design
PO Box 589
Lawrence, KS 66044
Phone 785-856-2999 Fax 314-219-8581

CREDIT APPLICATION

COMPANY NAME: _____
ADDRESS _____
CITY: _____ STATE: _____ ZIP: _____
PHONE NUMBER _____ FAX NUMBER _____
PARENT COMPANY NAMES (IF DIFFERENT THAN ABOVE)
_____ ADDRESS _____
CITY _____ STATE _____ ZIP _____
OWNERSHIP: ____ CORPORATION ____ PARTNERSHIP ____ SOLE PROP.
YEARS IN BUSINESS _____ DATE INCORPORATED: _____
TAX EXEMPT #: _____ (Please provide a resale certificate)
OWNER: _____ SOC.SEC. #:

REFERENCES:

BANK: _____ ACCT.#:

ADDRESS:

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ FAX #: _____

TRADE NAME:

ADDRESS:

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ FAX #: _____

TRADE NAME:

ADDRESS:

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ FAX #: _____

TRADE NAME:

ADDRESS:

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PHONE #:

FAX #:

By signing this application, the undersigned agrees to pay all invoices within terms of agreement, unless other arrangements are made, and to pay a service charge on all overdue balances. The undersigned further agrees to pay all reasonable costs of recovering past due balances. I, the undersigned, allow Eangee Home Design to inquire into my credit background.

Authorized Signature _____

Title _____ Date _____