



Credit Application

Date: _____ Line of credit requested: _____

Business Name:

Phone: _____ Fax: _____

Billing Address:

_____ (Street) (City) (State) (Zip) (County)

Shipping Address:

_____ (Street) (City) (State) (Zip) (County)

Type of Business _____ Date established _____ How long in business _____

Resale Number _____ (Attach certificate to ensure proper taxation)

Ownership: Sole Owner Partnership Corporation

Principal: _____
(Name) (Title) (SS#) (Home Address)

Principal: _____
(Name) (Title) (SS#) (Home Address)

Principal: _____
(Name) (Title) (SS#) (Home Address)

Trade References: (Name suppliers of major products & services)

Phone & Fax (include area codes)

