



# BUSINESS CREDIT APPLICATION

NAME OF FIRM OR INDIVIDUAL _____			CREDIT MANAGER _____	
ADDRESS _____			NORMAL CREDIT TERMS _____	
CITY _____	STATE _____	ZIP _____	FEDERAL ID# _____	
PHONE _____	MOBILE _____		YEARS IN BUSINESS _____	

## OWNERSHIP

The following information must be provided. It will be held in the strictest confidence.

- Corporation     
  Check here if incorporated within the past 12 months     
  Partnership     
  Individual

NAME(S) OF PRINCIPAL(S)	COMPLETE ADDRESS	ZIP	PHONE	SSN
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

## FINANCE

BANK _____	BANK ADDRESS _____
BANK OFFICER OR DEPARTMENT _____	PHONE _____

## REFERENCES

BUSINESS NAME	COMPLETE ADDRESS	ZIP	PHONE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Check here if cash sales are okay until credit is approved.

We certify that all the information on this application is correct. Additionally, we consent to a credit check based upon the information provided on this application for the purpose of extending credit. We fully understand your credit terms and agree to the proper payment in consideration of extended credit. A finance charge of 1 1/2% per month (18% annually) will be added to any balance remaining unpaid after the 15th of each month. We agree to pay all collection and attorney's fees if legal proceedings become necessary to enforce collection.

Signed \_\_\_\_\_

Date \_\_\_\_\_ Title \_\_\_\_\_

**DO NOT WRITE IN THE SPACE BELOW**

**VERIFICATION** REFERENCES CHECKED BY \_\_\_\_\_ CREDIT APPROVED BY \_\_\_\_\_