



# Credit Application

Line of Credit Requested \$ \_\_\_\_\_

Business Name \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ For Past \_\_\_\_\_ years  
Street City State Zip Code

Billing Address \_\_\_\_\_  
Street City State Zip Code

How would you prefer to receive your invoices?  Fax (\_\_\_\_) \_\_\_\_\_  Mail  
 Email \_\_\_\_\_

Previous Address \_\_\_\_\_  
Street City State Zip Code

D/B/A/ \_\_\_\_\_ Tax I.D. Number \_\_\_\_\_

Former Business Address (If Applicable) \_\_\_\_\_

Type of Business \_\_\_\_\_ Date Established \_\_\_\_\_ How Long in Business \_\_\_\_\_

OWNERSHIP:  Sole Owner  Partnership  Corporation

Principle: \_\_\_\_\_  
Name Title Home Address

Principle: \_\_\_\_\_  
Name Title Home Address

TRADE REFERENCES: (Name suppliers of major products and services)

NAME	PHONE / FAX
_____	_____
_____	_____
_____	_____
_____	_____

