CREDIT APPLICATION

How Applied: In Person_____ Mail_____ Fax_____

Line of credit requested $_____

Business Name_____/dba/_____
(if applicable)

Office Phone #_____Corporate #_____

Office Fax #_____ Cell #_____

Address_____

City, State, Zip Code_____

Billing Address (if different)_____

City, State, Zip Code_____

Previous Address_____

City, State, Zip Code_____

Date Established_____

How long have you been in business?_____

Type of Business_____ FEIN_____

Does City or State require a License?_____ If Yes #_____

Ownership: Sole Owner_____ Partnership_____ Corporate_____

Principal Owner_____
Name Title SS#

Principal Owner_____
Name Title SS#

Principal Owner_____
Name Title SS#