

Credit Application

How Applied:

Phone In Person Mail

Spoke With _____
Taken By _____
Interviewer

Line of Credit Requested \$ _____ Present Balance \$ _____ [Date]

Business Name _____ Phone _____
Area Code & Phone Number

Address _____ For past _____
(Street) (City) (State) (Zip Code)

Shipping Address _____
(Street) (City) (State) (Zip Code)

D/B/A _____ FEDERAL TAX I.D. NUMBER _____

Former Business Address (if applicable) _____

Type of Business _____ Date Established _____ How Long in Business? _____

Does State County or City require a License? Yes No

If Yes License # _____

OWNERSHIP Sole Owner Partnership Corporation

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

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 and services)

NAME ADDRESS/PHONE

BANK REFERENCE: Checking Loan Savings

(Name) (Address) (Acct #) (Contact)

(Name) (Address) (Acct #) (Contact)

(Name) (Address) (Acct #) (Contact)

No. of Employees _____ EST Annual Sales \$ _____ Sales Area _____

Has the firm or any of its Principals ever been bankrupt? Yes No

if yes, explain. _____