

COMMERCIAL CREDIT APPLICATION

BOTH SIDES MUST BE COMPLETED FOR APPLICATION TO BE CONSIDERED

Company Name _____ Date _____

Parent Company _____ Address _____

Billing Address _____

City _____ State _____ Zip _____ Phone _____

Physical Address _____

City _____ State _____ Zip _____ Fax _____

Accounts Payable Contact _____ Phone _____

Type of Business _____ Federal Tax ID # _____

Taxable Yes [] No [] Resale [] UBI # _____

CORPORATION

Chartered in the state of _____ Date _____

Corporate Officers _____

INDIVIDUAL OR PARTNERSHIP

Name _____ Social Security # _____

Drivers License # _____ Birth Date _____ Home Phone # _____

Home Address _____

Name _____ Social Security # _____

Drivers License # _____ Birth Date _____ Home Phone # _____

Home Address _____

Name _____ Social Security # _____

Drivers License # _____ Birth Date _____ Home Phone # _____

Home Address _____