



# CREDIT APPLICATION

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_  
(Area Code & Number)

Address \_\_\_\_\_ For past \_\_\_\_\_ years  
(Street) (City) (State) (Zip)

Shipping Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

D/B/A \_\_\_\_\_ FEDERAL TAX I.D. NUMBER \_\_\_\_\_

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

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

OWNERSHIP:  Sole Owner  Partnership  Corporation EPA Registration # \_\_\_\_\_

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 PHONE/ADDRESS FAX**

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

BANK REFERENCE:  Checking  Loan  Savings

(Name)	(Address)	(Acct. #)	(Contact)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has the firm or any of its Principals ever been bankrupt? Yes  No   
If yes, Explain: \_\_\_\_\_

Person To Contact About Account: \_\_\_\_\_  
(Name) (Title)