



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

BANK REFERENCE: Checking Loan Savings

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

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

(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)