

### APPLICATION INFORMATION

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY STATE, ZIP \_\_\_\_\_

ACCOUNTS PAYABLE ADDRESS (IF DIFFERENT) \_\_\_\_\_

CITY STATE, ZIP \_\_\_\_\_

NUMBER OF EMPLOYEES \_\_\_\_\_ PH. # \_\_\_\_\_ FAX # \_\_\_\_\_

NO. OF YEARS IN BUSINESS UNDER THIS NAME \_\_\_\_\_ NO. OF YEARS AT THIS LOCATION \_\_\_\_\_ SALES VOLUME \$ \_\_\_\_\_

PAYMENT PERSONALLY GUARANTEED  YES  NO BY \_\_\_\_\_ TITLE \_\_\_\_\_

### TYPE OF BUSINESS

- SOLE PROPRIETORSHIP
- PARTNERSHIP
- CORPORATION IN STATE OF \_\_\_\_\_
- SUBSIDIARY DIVISION

FEDERAL ID # \_\_\_\_\_

HI STATE GE# \_\_\_\_\_

CREDIT LINE REQUESTED \_\_\_\_\_

### OWNERSHIP

NAME OF OWNER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME OF OWNER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME OF OWNER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### TRADE REFERENCES

COMPANY NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TERMS:  
NET 30 DAYS FROM STATEMENT CLOSING DATE. A FINANCE CHARGE OF 1.5% PER MONTH WILL BE ADDED TO ALL PAST DUE BALANCES. THIS IS AN ANNUAL PERCENTAGE RATE OF 18%. COD REQUIRED ON PAST DUE BALANCES.

ALL STATEMENTS MADE HEREIN ARE TRUE TO THE BEST OF OUR KNOWLEDGE WE AUTHORIZE THE ABOVE COMPANY TO MAKE ANY AND ALL INQUIRIES NECESSARY FOR ACTION ON THIS CREDIT APPLICATION. WE HEREBY INDEMNIFY THE ABOVE COMPANY AND ITS AGENTS, FROM ANY LIABILITY RESULTING FROM THEIR CREDIT SURVEY.

COMMENTS: \_\_\_\_\_ AUTHORIZED SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CREDIT APPROVED AMOUNT \_\_\_\_\_  CREDIT DISAPPROVED REASON FOR DENIAL \_\_\_\_\_

BY \_\_\_\_\_ DATE \_\_\_\_\_