



Credit Application

Business Name _____ Line of Credit Requested \$ _____

Phone (____) _____ Fax (____) _____

Address _____ For Past _____ years

Shipping Address _____

D/B/A _____ Federal Tax ID# _____

Former Business Address (if applicable) _____

Type of Business _____ Date Established _____ How long in Business _____

Mortgage holder/Landlord _____

Address _____ Phone # _____

Does State, County, or City require a License? Yes No If Yes, License # _____

OWNERSHIP: Sole Proprietorship Partnership Corporation

PRINCIPAL: _____
(NAME) (Title) (SS#)

PRINCIPAL: _____
(NAME) (Title) (SS#)

PRINCIPAL: _____
(NAME) (Title) (SS#)

PRINCIPAL: _____
(NAME) (Title) (SS#)

TRADE REFERENCES:

NAME

ADDRESS/PHONE#/EMAIL
