



Credit Check Application

Business Name _____

Phone (____) _____ Fax (____) _____

Address _____ For Past _____ years

Billing 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: D Sole Proprietorship D Partnership D Corporation

PRINCIPAL: _____

(NAME) (Title) (SS#)

PRINCIPAL: _____

(NAME) (Title) (SS#)

PRINCIPAL: _____

(NAME) (Title) (SS#)

PRINCIPAL: _____

(NAME) (Title) (SS#)

Authorized Personnel _____

TRADE REFERENCES

NAME

ADDRESS/TELEPHONE #

BANK REFERENCES

(Name)	(Address)	(Acct #)	(contact)
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(Name)	(Address)	(Acct #)	(contact)
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(Name)	(Address)	(Acct #)	(contact)
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Has the firm or any of its principals ever been Bankrupt? Yes / No

If Yes, explain _____

Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for the credit check. The undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references and principals listed.

In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed and agrees to pay a service charge per month of 1-1/2% per month (18% annual percentage rate) on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

(Name of Business)

(Print Name)	(Title)	(Signature)
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(Print Name)	(Title)	(Signature)
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Credit Limit _____

Initial _____