

Date of Application \_\_\_\_\_

**CONTACT INFO**

Contact Name \_\_\_\_\_ Title \_\_\_\_\_  
Business Name \_\_\_\_\_ Date Established \_\_\_\_\_  
Business Address \_\_\_\_\_  
Main Office Phone \_\_\_\_\_ Website \_\_\_\_\_  
Email \_\_\_\_\_ Fax \_\_\_\_\_

**COMPANY INFO**

Type of Industry \_\_\_\_\_ # of Stores \_\_\_\_\_  
Business Structure  S-Corp  C-Corp  LLC  General Partnership  Sole-Prop  
Tax ID Number \_\_\_\_\_  
If Division/Subsidiary, Name of Parent Company \_\_\_\_\_  
Name of Company Principal responsible for Business Transactions  
Name & Title \_\_\_\_\_ Name & Title \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Phone \_\_\_\_\_

**BANKING INFO**

Name of Institution \_\_\_\_\_ Checking Acct # \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Contact Person \_\_\_\_\_  
Name of Institution \_\_\_\_\_ Savings Acct # \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Contact Person \_\_\_\_\_

**TRADE REFERENCES**

Business Name \_\_\_\_\_ Account Established Since \_\_\_\_\_  
Contact Name \_\_\_\_\_ Main Office Phone \_\_\_\_\_  
Business Address \_\_\_\_\_  
Credit Limit \_\_\_\_\_ Current Balance \_\_\_\_\_

I (We) hereby certify that the statements made above are true and correct.

Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_