

Seller Corporation APPLICATION FOR CREDIT

Full Legal Name of Firm or Individual	Year Started	Fax Number
Address		Years at This Address
City	State	Zip
Also doing business under following names:		Telephone Number
		e-mail address

The following information must be provided. It will be held in confidence and only used by appropriate XXXX employees for credit decisions.

Attach audited or reviewed financial statements for the last three (3) years, or income returns if applicable.

Corporation Check here if incorporated within the past 12 months Partnership Single Proprietorship

Federal ID No. _____ SSN _____ Taxable Yes No
 (Please attach Exemption Proof if No)

1. _____	Complete Address	Phone
2. _____		
3. _____		

FINANCE:

Primary Bank	Bank Address	
Account Numbers		
Bank Officer /Primary Contact	Phone	Fax

CREDIT REFERENCES:

1. _____	Address	Phone	Fax
2. _____			
3. _____			
4. _____			

Check here if cash sales are acceptable until credit is approved.

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

(Signed) _____

Required

Date _____ 20____ (Title) _____

See attached: (1) Written Authorization Form for Release of Credit Information (which must be executed by an appropriate owner or officer)
 (2) Standard Terms and Conditions