



CREDIT APPLICATION

COMPANY NAME: _____ PHONE: _____
 STREET ADDRESS: _____ FAX: _____
 CITY: _____ STATE: _____ ZIP: _____
 BILLING ADDRESS (IF DIFFERENT FROM ABOVE): _____
 CITY: _____ STATE: _____ ZIP: _____
 EMAIL: _____ CREDIT LINE SOUGHT: _____

COMPANY IS A: CORPORATION PARTNERSHIP PROPRIETORSHIP L.L.C. P.L.C.
 CORPORATE REGISTRATION NO. _____ V.A.T. NO. _____ ANNUAL SALES _____
 ARE FINANCIAL STATEMENTS AVAILABLE? YES NO # YEARS IN BUSINESS _____
 NOTE: IF IN BUSINESS LESS THAN FIVE YEARS, YOU MUST COMPLETE PERSONAL GUARANTEE

COMPANY DIRECTORS / OFFICERS / PRINCIPAL

NAME 1: _____ TITLE: _____
 HOME ADDRESS: _____ PHONE: _____
 NAME 2: _____ TITLE: _____
 HOME ADDRESS: _____ PHONE: _____
 NAME 3: _____ TITLE: _____
 HOME ADDRESS: _____ PHONE: _____

BANKING DETAILS

BANK NAME: _____ ACCOUNT #: _____
 BRANCH ADDRESS: _____ CITY/STATE/ZIP: _____
 BANK CONTACT NAME: _____ PHONE: _____

TRADE REFERENCES

VENDOR 1: _____ CONTACT: _____
 PAYMENT ADDRESS: _____ CITY/STATE/ZIP: _____
 PHONE: _____ FAX: _____ ACCOUNT #: _____
 VENDOR 2: _____ CONTACT: _____
 PAYMENT ADDRESS: _____ CITY/STATE/ZIP: _____
 PHONE: _____ FAX: _____ ACCOUNT #: _____
 VENDOR 3: _____ CONTACT: _____
 PAYMENT ADDRESS: _____ CITY/STATE/ZIP: _____
 PHONE: _____ FAX: _____ ACCOUNT #: _____