



Customer Application

Company Information					
Full Legal Name/Business Entity			Phone #	Fax	#
Doing Business As (DBA)					
Billing Address			City		State Zip
Company Type: Proprietorship Partnership	Corporation	Franchise Ot	her:		
Federal Tax ID (if incorporated)	-	State of I	ncorporation	Year	Business Established
Type of Business		No. of Employees		Annual Sales	
E-Mail Address(es):				Website:	
Owner Information (require	ed on entities v	vith annual sales	s <\$10 Million)		
Full Name (including middle initia	Title		Social Security #		
Home Address	City	State	Zip	Phone #	Fax #
Bank Reference					
Bank Name	Ac	ecount Number(s)		Contact	
Address	City	State	Zip	Phone #	Fax #
Trade Credit References				_	
Company Name				Contact	
Address	City	State	Zip	Phone #	Fax #
Email Address:					
Company Name				Contact	
Address	City	State	Zip	Phone #	Fax #
Email Address:				Contact	
Company Name				Contact	
Address	City	State	Zip	Phone #	Fax #
Email Address:					
Purchase Order Required Yes	No		Tax Exempt: Yes	No (If yes, at	ach certificate)
Please mail a copy of your most re If unsigned, we cannot confirm its		,	eet & Income Stateme	ent). We request an officer	sign the Balance Sheet.
We hereby apply for credit and aff above information is warranted to limited to bank references, trade of maximum applicable state rate or the laws of the Creditor's State of sole discretion of the Creditor.	be true and comporedit references, on all past due bala	olete. We hereby aut consumer and/or connumer. We agree to pa	horize you to verify ar mmercial credit report ay all costs of collection	nd collect information on u cs. We agree to pay a mon on and litigation on this ac	ass, including but not thly finance charge of the ecount in accordance with
Authorized Owner/Officer Signatu	are/Title:			Date	::
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Ph: (309) 755-4504 Fax: (309) 755-9774