

# Customer application

Business Name: \_\_\_\_\_ Line of Credit Requested: \$ \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ For Past \_\_\_\_\_ Years

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_ E-mail address: \_\_\_\_\_

County: \_\_\_\_\_ **STATE SALES TAX # (IF NON-TAXABLE):** \_\_\_\_\_

D/B/A \_\_\_\_\_ **FEDERAL TAX ID:** \_\_\_\_\_

Former Business Address (if applicable) \_\_\_\_\_

Type of Business: \_\_\_\_\_ Year Established: \_\_\_\_\_ How Long in Business: \_\_\_\_\_

Mortgage Holder/Landlord: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**OWNERSHIP:** \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation

**PRINCIPAL:** \_\_\_\_\_

(NAME) (TITLE) SOCIAL SECURITY #:

**PRINCIPAL:** \_\_\_\_\_

(NAME) (TITLE) SOCIAL SECURITY #:

**PRINCIPAL:** \_\_\_\_\_

(NAME) (TITLE) SOCIAL SECURITY #:

## TRADE REFERENCES:

NAME	ADDRESS	PHONE #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## BANK REFERENCES:

_____	_____	_____	_____
(NAME)	(ADDRESS)	(ACCT #)	(CONTACT)
_____	_____	_____	_____
(NAME)	(ADDRESS)	(ACCT #)	(CONTACT)
_____	_____	_____	_____
(NAME)	(ADDRESS)	(ACCT #)	(CONTACT)

No. of Employees \_\_\_\_\_ Estimated Annual Sales \_\_\_\_\_ Sales Area: \_\_\_\_\_

