



231 Uran Street  
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# Credit Application and Agreement

*No Application Will Be Processed Unless Completed in Full and Signed*

Firm Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Fax \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ State Sales Tax Number \_\_\_\_\_  
Name of Parent Company, if Subsidiary \_\_\_\_\_

## BUSINESS

Legal Entity: \_\_\_\_\_ State of Incorporation or Organization \_\_\_\_\_

Proprietorship (Owner's Name)       Partnership (List Each Partner)       Corporation (List Each Officer)

NAME                      TITLE                      HOME ADDRESS                      SOC. SEC.#                      HOME PHONE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Business \_\_\_\_\_ Year Business Established \_\_\_\_\_ At Present Location Since \_\_\_\_\_

Any Other Business Under Same Ownership \_\_\_\_\_ Branch Stores \_\_\_\_\_

If Open Balance Due Us, Who is Responsible? \_\_\_\_\_

Has applicant or any of the Principals filed in Bankruptcy? \_\_\_\_\_ If "Yes" answer the following:

Date of Bankruptcy \_\_\_\_\_ Where filed \_\_\_\_\_ Bankruptcy No. \_\_\_\_\_

Disposition \_\_\_\_\_

Credit Amount Requested \_\_\_\_\_

## BANKS (Personal and Business)

NAME                      ADDRESS                      ACCT. NO.                      ACCT. OFFICER                      LINE OF CREDIT                      PHONE

\_\_\_\_\_  
\_\_\_\_\_

## REFERENCES (Give only names of those you have bought from on an open account for one year or more.) — List a Minimum of Four.

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ City \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ Fax \_\_\_\_\_ Fax \_\_\_\_\_

