



**BUSINESS / INSTITUTIONAL CREDIT APPLICATION**

STORE NAME \_\_\_\_\_ PHONE OR FAX NO. \_\_\_\_\_

BUYER	LEGAL NAME	CONTACT	PHONE NO.
TRADE NAME (IF APPLICABLE)			FAX NO.
BUSINESS STREET ADDRESS / CITY / STATE / ZIP			E-MAIL ADDRESS
TYPE OF BUSINESS		YEARS IN BUSINESS	TAX IDENTIFICATION NO.

PROPRIETORSHIP     CORPORATION (STATE \_\_\_\_\_)     GENERAL PARTNERSHIP     LIMITED PARTNERSHIP     LIMITED LIABILITY COMPANY

STATE OR LOCAL GOVERNMENT    IF STATE OR LOCAL GOVERNMENT ENTITY, HAVE YOU EXERCISED A NONAPPROPRIATION CLAUSE IN THE PAST?     YES     NO

DUNS NUMBER \_\_\_\_\_

PRINCIPALS  (OWNERS, PARTNERS AND PRINCIPAL OFFICERS)	NAME	TITLE	SOCIAL SECURITY NO.	US CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOME PHONE NO.
	NAME	TITLE	SOCIAL SECURITY NO.	US CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOME PHONE NO.
	HOME ADDRESS		CITY	STATE	ZIP

SUPPLIER	BUSINESS NAME	CONTACT	PHONE NO.
	BUSINESS STREET ADDRESS / CITY / STATE / ZIP		FAX NO.

REFERENCES	BANK	ACCOUNT NO.	CONTACT	PHONE NO.
	TRADE CREDITOR	ACCOUNT NO.	CONTACT	PHONE NO.
	SECURED DEBT OR LEASE CREDITOR	ACCOUNT NO.	CONTACT	PHONE NO.
	SECURED DEBT OR LEASE CREDITOR	ACCOUNT NO.	CONTACT	PHONE NO.

**NOTICE:** The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program; or because the applicant has, in good faith, exercised any right under the Consumer Credit Protection Act. The federal agency that administers our compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

I/we do state and represent that the information listed on this application is true and completed. I/we authorize you and/or any proposed assigned to verify my/our credit standing and references as deemed necessary.

DATE \_\_\_\_\_ WITNESS \_\_\_\_\_ APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_ WITNESS \_\_\_\_\_ APPLICANT \_\_\_\_\_

**TO BE COMPLETED BY STORE:**

REFAXING    MDSE \_\_\_\_\_    PRICE \_\_\_\_\_    SALESPERSON \_\_\_\_\_

CASH D/P \_\_\_\_\_    APPROVAL # \_\_\_\_\_    AMT. OF TRADE \_\_\_\_\_

DEALER # \_\_\_\_\_    NO. MOS. \_\_\_\_\_    PMTS \_\_\_\_\_    FIRST PAYMENT DUE DATE \_\_\_\_\_

DELIVERY ADDRESS \_\_\_\_\_