

## **BUSINESS CREDIT APPLICATION**

**Instructions:** This application is required before we can make any extensions of credit or enter into a factoring or purchase order & project financing agreement with your company. Please fill out each field and return the completed application to us for processing.

1)	Official Name of Company:								
2)	Type of Business:								
3)	State of Incorporation/Organization: Date Incorporated/Organized:								
4)	Trade Name(s) and Evidence of Registration								
5)	Any Lice	ensing Agreen	nent? With	whom? Enclose	a copy of the	Agreement			
6)	Name, Home Address and SS# of all Shareholders, Officers and Directors:								
Name		Title	Home Ad	ldress	S.S #	Ownership %			



	<u>Title</u>
	submit schedule of A/R.
<u>Name</u>	<u>Title</u>
_	Firm:
runic of Contact.	
Name of Law Firm	
Telephone No:	
Name of Contact:	
Name of Bank for Op	erating Account:
Address:	
Telephone No:	
Telephone No: Name of Contact:	
Name of Contact:	
Name of Contact: Account Number:	Routing Number:
Name of Contact: Account Number: Copy of Certificate of	Routing Number:  Insurance/ Insurance Broker's Name:
Name of Contact: Account Number: Copy of Certificate of Address:	Routing Number:  insurance Insurance Broker's Name:
Address: Telephone No:	Routing Number:  *Insurance/ Insurance Broker's Name:
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Name of Contact:Account Number: Copy of Certificate of Address: Telephone No: Name of Contact: Name and address of Type of Business:	Routing Number:  Finsurance/ Insurance Broker's Name:  Affiliated Companies:
Name of Contact: Account Number: Copy of Certificate of Address: Telephone No: Name of Contact: Name and address of Type of Business: Inventory Location(s)	Routing Number:  Finsurance/ Insurance Broker's Name:  Affiliated Companies:   Name of Landlord:
Name of Contact: Account Number: Copy of Certificate of Address: Telephone No: Name of Contact: Name and address of Type of Business: Inventory Location(s) Address:	Routing Number: Finsurance/ Insurance Broker's Name:  Affiliated Companies:
Name of Contact: Account Number: Copy of Certificate of Address: Telephone No: Name of Contact: Name and address of Type of Business: Inventory Location(s)	Routing Number:



16)	List of affiliated customers:							
17)	Present Financing / Factoring:							
18)	Are there any Liens, Mortgages or UCC's against your company's assets?  If so please list:							
19)	Please list your top ten customers:							
Name	Ado	Т	erms	Est. Annual Sales				
					11-30			
4								
5								
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7								
8								
9				7				
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By:								
Name:								
Title:_								
Date:								