

# CREDIT APPLICATION

**FAX TO: 972-422-0643**

## BUSINESS INFORMATION

Full Legal Name				Tax Identification Number	
Billing Street Address				Dun & Bradstreet #	
City/County/State/Zip				<input type="checkbox"/> Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Not For Profit <input type="checkbox"/> Corporation	
Equipment Location (if different from above) Street Address/City/County/State/Zip					
Contact		Phone #			
Nature of Business	Years in Business	# of Employees			
Principal/Partner/Officer		Social Security #		Phone #	
Home Street Address			City/State/Zip		
Principal/Partner/Officer		Social Security #		Phone #	
Home Street Address			City/State/Zip		

## BANK REFERENCE

Bank Reference Name		Account/Loan Officer		Phone #	
Address (Street/City/State/Zip)		Checking Account #	Savings Account #	Loan Account #	
Bank Reference Name		Account/Loan Officer		Phone #	
Address (Street/City/State/Zip)		Checking Account #	Savings Account #	Loan Account #	

## TRADE REFERENCE

Name	Contact	Account #	Phone #
1			
2			
3			

## AUTHORIZATION

I/we hereby authorize you or your agents to whom this application is made to investigate my/our financial responsibility and credit worthiness and will provide financial statements, tax returns, etc. as you deem necessary. By the execution of the Credit Application and/or Agreement, I/we warrant that the information submitted herein is true and correct and hereby authorize references contained herein to release any necessary information.

Signature \_\_\_\_\_ Date \_\_\_\_\_