



CREDIT LINE APPLICATION

Client Information

Company Name: _____

Year business opened: _____ Total Sales: \$ _____ Federal ID# or SS#: _____

Principals Name (s): _____

DUN's Number: _____ BBB Accredited

Company Contact: _____ Title: _____

Company Address: _____

City ST Zip Code

Accounts Payable Same as Location

Accounting Address: _____

City ST Zip Code

Telephone: (____) ____ - _____ Ext. ____

Name of Accounts Payable Manager or equivalent position: _____

Credit Line Requested: \$ _____ One Time Use Only

Use of funds, if credit is not one time only, estimate of credit to be accessed on a monthly basis: \$ _____

Bank Reference:

Bank Name: _____ Account #: _____ Year Account Opened: _____

Address: _____

Contact Person: _____ Telephone: (____) ____ - _____

The undersigned hereby agrees that should a credit account be opened, and in the event of default in the payment of any amount due, and if such account is submitted to a collection agency, to pay an additional charge equal to the cost of collection including legal and court costs. The undersigned individual who is either a principal of the credit applicant or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a business or consumer credit report on the undersigned by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process.

Company: _____ Date: _____

Signature: _____ Title: _____

Please print your name: _____



CREDIT LINE APPLICATION

Trade References:

Company Name: _____ Account #: _____ Year Account Opened: _____

Address: _____

Contact Person: _____ Telephone: (____) ____ - _____

Email Contact: _____

Company Name: _____ Account #: _____ Year Account Opened: _____

Address: _____

Contact Person: _____ Telephone: (____) ____ - _____

Email Contact: _____

Company Name: _____ Account #: _____ Year Account Opened: _____

Address: _____

Contact Person: _____ Telephone: (____) ____ - _____

Email Contact: _____

NOTES PERTAINING TO NATURE OF CREDIT REQUEST: _____

Company Specific Area (do not fill in)

CA - LA CD CSTR

Reviewer Name: _____

APPROVAL: _____

Robert Holubar / Owner