



**Woman-owned and operated business certified by WBENC
CREDIT APPLICATION AND AGREEMENT**

LEGAL BUSINESS NAME: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ E-MAIL: _____

TYPE OF BUSINESS: _____ YEAR ESTABLISHED: _____

TAXABLE?: _____ IF NO, PLEASE PROVIDE APPROPRIATE CERTIFICATE

ACCOUNTS PAYABLE CONTACT: _____ PHONE: _____

BUSINESS INFORMATION

SOLE PROPRIETORSHIP _____ SS# _____

PARTNERSHIP PARTNER _____ SS# _____

PARTNER _____ SS# _____

CORPORATION/LC

PRESIDENT/MEMBER _____ SS# _____

V/P/MEMBER _____ SS# _____

SECRETARY/MEMBER _____ SS# _____

TREASURER/MEMBER _____ SS# _____

FEDERAL TAX ID #: _____ D & B #: _____

BANKING/REFERENCES

BANK: _____ BRANCH: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

ACCOUNT #: _____ TYPE OF ACCOUNT: _____ CONTACT: _____

I hereby authorize bank named above to release information requested for the purpose of obtaining and/or reviewing credit.

LIST CREDIT REFERENCES BELOW (BE SURE TO INCLUDE FAX #)

NAME CONTACT ADDRESS PHONE #/FAX #

1. _____
2. _____
3. _____
4. _____
5. _____

