



CREDIT APPLICATION

PLEASE FAX COMPLETED TO: 586-777-6574

SECTION 1 : NAME / ADDRESS

LAST:	FIRST:	MIDDLE INITIAL:	TITLE:
NAME OF BUSINESS:			TAX I.D. NUMBER:
ADDRESS:			
CITY:	STATE:	ZIP:	PHONE:

SECTION 2 : COMPANY INFORMATION

TYPE OF BUSINESS	IN BUSINESS SINCE
LEGAL FORM UNDER WHICH BUSINESS OPERATES?	
CORPORATION <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>
PROPRIETORSHIP <input type="checkbox"/>	
IF DIVISION/SUBSIDIARY, NAME OF PARENT COMPANY	IN BUSINESS SINCE
NAME OF COMPANY PRINCIPAL RESPONSIBLE FOR BUSINESS TRANSACTIONS	
TITLE	
ADDRESS	CITY
STATE	ZIP
PHONE	
NAME OF COMPANY PRINCIPAL RESPONSIBLE FOR BUSINESS TRANSACTIONS	
TITLE	
ADDRESS	CITY
STATE	ZIP
PHONE	

SECTION 3 : BANK REFERENCES

INSTITUTION NAME	INSTITUTION NAME
ADDRESS	ADDRESS
PHONE	PHONE

SECTION 4 : TRADE REFERENCES (Please include a contact and fax number for us to send over a reference sheet.)

COMPANY NAME	COMPANY NAME	COMPANY NAME
CONTACT NAME	CONTACT NAME	CONTACT NAME
ADDRESS	ADDRESS	ADDRESS
PHONE NUMBER / FAX NUMBER	PHONE NUMBER / FAX NUMBER	PHONE NUMBER / FAX NUMBER
ACCOUNT OPEN SINCE	ACCOUNT OPEN SINCE	ACCOUNT OPEN SINCE
CREDIT LIMIT	CREDIT LIMIT	CREDIT LIMIT
CURRENT BALANCE	CURRENT BALANCE	CURRENT BALANCE

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS COMPLETED AND ACCURATE. THIS INFORMATION HAS BEEN FURNISHED WITH THE UNDERSTANDING THAT IT IS TO BE USED TO DETERMINE THE AMOUNT AND CONDITIONS OF THE CREDIT TO BE EXTENDED. FURTHERMORE, I HEREBY AUTHORIZE THE FINANCIAL INSTITUTIONS LISTED IN THIS CREDIT APPLICATION TO RELEASE NECESSARY INFORMATION TO THE COMPANY FOR WHICH CREDIT IS BEING APPLIED FOR IN ORDER TO VERIFY THE INFORMATION CONTAINED HEREIN.

Signature: _____

Date: _____