

# APPLICATION FOR CREDIT

NAME OF FIRM OR INDIVIDUAL \_\_\_\_\_

BY:

ADDRESS \_\_\_\_\_

YEARS AT THIS ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

AREA CODE \_\_\_\_\_ PHONE \_\_\_\_\_

HEREBY applies for credit in accordance with the terms and conditions of:

TO:

\_\_\_\_\_

CREDIT MANAGER \_\_\_\_\_

\_\_\_\_\_

OUR NORMAL CREDIT TERMS \_\_\_\_\_

\_\_\_\_\_

FOLD

The following information must be provided. It will be held in the strictest confidence.

OWNERSHIP:

Corporation     Check here if incorporated within the past 12 months     Partnership     Individual

FOLD FOR WINDOW ENV.

1. NAME(S) OF PRINCIPAL(S) \_\_\_\_\_ COMPLETE ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

FINANCE:

BANK \_\_\_\_\_ BANK ADDRESS \_\_\_\_\_

BANK OFFICER OR DEPARTMENT \_\_\_\_\_ PHONE \_\_\_\_\_

REFERENCES:

1. BUSINESS NAME \_\_\_\_\_ COMPLETE ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Check here if cash sales are okay until credit is approved.

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

(Signed) \_\_\_\_\_

Date \_\_\_\_\_ 19 \_\_\_\_ (Title) \_\_\_\_\_

Please do not write in the space below

VERIFICATION:

REFERENCES CHECKED BY \_\_\_\_\_

REFERENCE RESULTS \_\_\_\_\_

CREDIT APPROVED, BY \_\_\_\_\_

CREDIT REFUSED, BY \_\_\_\_\_

DATE \_\_\_\_\_