

Date: _____

CREDIT APPLICATION

BILL TO:	SHIP TO:
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____

Business: Proprietorship Partnership Corporation Seller's Permit # _____ Tax ID# _____

Year Business Established _____ Type of Business _____ Credit Line Requested _____

Listed in D & B? _____ Under What Name? _____

Previous Business (Name & Location): _____

Owners: _____

S.S.# _____ Driver's License # _____

Home address: _____ Home Phone # () _____

Owners: _____

S.S.# _____ Driver's License # _____

Home address: _____ Home Phone # () _____

Manager: _____ Bookkeeper: _____

Building Is: Owned Leased _____ Length _____ of _____ Lease: _____

BANK REFERENCE ACCOUNT # _____

Bank: _____ Contact: _____ Phone # () _____

Address: _____ City: _____ State: _____ Zip: _____

Bank: _____ ACCT # _____ Contact: _____ Phone # () _____

Address: _____ City: _____ State: _____ Zip: _____

CREDIT REFERENCES (Must have at least three complete addresses)

Name: _____ Fax # () _____ Phone # () _____ High Credit \$: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Fax # () _____ Phone # () _____ High Credit \$: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Fax # () _____ Phone # () _____ High Credit \$: _____

Address: _____ City: _____ State: _____ Zip: _____

FINANCIAL STATEMENT: Attached Being Sent Filed with Dun & Bradstreet Not Available

I/We assume personal responsibility for and guarantee payment of all sums due and payable to Kelley & Abide by the applicant above listed, including service charges and fees that may accrue in collecting the account.

Owners Signature: _____ Signed: _____

Title: _____ Title: _____

Date: _____ Date: _____

We will charge a \$25.00 fee for any N.S.F. check returned and check writing privileges will be denied.

Office Use

Approved by: _____ Date Approved: _____ Credit Limit: _____ Salesman: _____