

Business Credit Application



Name/Address

Full Name:	_____	Title:	_____
Name of Business:	_____	Tax ID #	_____
Address:	_____		
City:	_____	State:	_____ Zip: _____ Phone: _____

Company Information

Type of Business:	_____	In business since:	_____
Legal Form Under Which Business Operates:	_____		
LLC <input type="checkbox"/>	Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/>
If Subsidiary, Name of Parent Company:	_____		
Name of Company Principal Responsible for Business Transactions:	_____		
Address:	_____		
City:	_____	State:	_____ Zip: _____ Phone: _____

Bank Reference

Institution Name:	_____		
Address:	_____		
City:	_____	State:	_____ Zip: _____ Phone: _____
Name of Bank Rep:	_____	*Email address:	_____
Checking Account #:	_____		*mandatory field

Trade References

Company Name:	_____		
Address:	_____		
City:	_____	State:	_____ Zip: _____ Phone: _____
Contact Name:	_____	*Email address:	_____
Account #:	_____		*mandatory field

Company Name:	_____		
Address:	_____		
City:	_____	State:	_____ Zip: _____ Phone: _____
Contact Name:	_____	*Email address:	_____
Account #:	_____		*mandatory field

Company Name:	_____		
Address:	_____		
City:	_____	State:	_____ Zip: _____ Phone: _____
Contact Name:	_____	*Email address:	_____
Account #:	_____		*mandatory field

I hereby certify that the information contained herein is complete and accurate. This information has been furnished to Viva Capital Funding, LLC (Viva) 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 Viva 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