

**CREDIT APPLICATION**

**BUSINESS INFORMATION**

Company Name \_\_\_\_\_ Years in Business \_\_\_\_\_  
Street Address \_\_\_\_\_ Federal ID # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Business: ( ) Corporation ( ) LLC ( ) Partnership ( ) Sole Proprietorship ( ) Other \_\_\_\_\_  
Sales Tax I.D. \_\_\_\_\_ State \_\_\_\_\_ A/P Contact \_\_\_\_\_  
Type of Business \_\_\_\_\_ PO Required: ( ) Yes ( ) No  
Credit Line Amount Requested \_\_\_\_\_ D&B Listed? ( ) YES # \_\_\_\_\_ ( ) No

**OWNERS OR PRINCIPALS**

1. Name of Officer \_\_\_\_\_ Title \_\_\_\_\_  
Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ SS# \_\_\_\_\_
2. Name of Officer \_\_\_\_\_ Title \_\_\_\_\_  
Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ SS# \_\_\_\_\_

**BANK INFORMATION**

Name of Bank \_\_\_\_\_ Contact Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_ Account # \_\_\_\_\_

**TRADE REFERENCES**

1. Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_ Contact \_\_\_\_\_  
Vendor Service or Product Line \_\_\_\_\_
2. Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_ Contact \_\_\_\_\_  
Vendor Service or Product Line \_\_\_\_\_
3. Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_ Contact \_\_\_\_\_  
Vendor Service or Product Line \_\_\_\_\_

I hereby authorize Mighty Lift, Inc., or its agents, to investigate my credit worthiness and will provide financial statements, tax returns etc. as deem necessary. I agree to pay Mighty Lift, Inc. interest at 1.5% per month on any outstanding balance beyond the terms started on the invoice. Further, I agree to pay Mighty Lift, Inc. reasonable attorney's fees and collection costs if I default on any debt to Mighty Lift, Inc. and the account is placed in the hands of an attorney or collection agency.

\_\_\_\_\_  
Signature Title Date