

CREDIT APPLICATION



Print or type clearly.

The Federal Equal Credit Opportunities act, effective March 23, 1977, requires that any applicant for credit receive notice of the applicability of the act and its requirements prohibiting creditors from discrimination against credit applicants on the basis of sex or marital status. This credit application form should not be used unless the required notice is also given to the applicant.

| | |
|----------------------------|--|
| DATE | |
| INDIVIDUAL OR COMPANY NAME | |
| STREET | |
| CITY | |
| STATE | |
| ZIP | |
| TELEPHONE | |

EMAIL ADDRESS

DO YOU WANT INVOICES EMAILED?

If company, type of ownership:

| | |
|-------------|--------------------------|
| Corporation | <input type="checkbox"/> |
| Partnership | <input type="checkbox"/> |
| Individual | <input type="checkbox"/> |

Principal Owners:

Application for credit is hereby made and the following reference given. It is understood this information will be held in strictest confidence and used only by your Credit Department.

BANK (checking account)

| | |
|-------------|----------------------|
| Name | <input type="text"/> |
| Street | <input type="text"/> |
| City | <input type="text"/> |
| State | <input type="text"/> |
| Zip | <input type="text"/> |
| Account No. | <input type="text"/> |

BANK (savings account)

| | |
|-------------|----------------------|
| Name | <input type="text"/> |
| Street | <input type="text"/> |
| City | <input type="text"/> |
| State | <input type="text"/> |
| Zip | <input type="text"/> |
| Account No. | <input type="text"/> |

CREDIT REFERENCES

| | |
|-------------|----------------------|
| Name | <input type="text"/> |
| Street | <input type="text"/> |
| City | <input type="text"/> |
| State | <input type="text"/> |
| Zip | <input type="text"/> |
| Account No. | <input type="text"/> |

CREDIT REFERENCES

| | |
|-------------|----------------------|
| Name | <input type="text"/> |
| Street | <input type="text"/> |
| City | <input type="text"/> |
| State | <input type="text"/> |
| Zip | <input type="text"/> |
| Account No. | <input type="text"/> |

CREDIT CARDS

| | |
|--------------|----------------------|
| MASTER CARD# | <input type="text"/> |
| VISA# | <input type="text"/> |
| OTHER | <input type="text"/> |

We understand your terms and agree to abide by them.

made whereby information is obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable person of time to receive additional, detailed information about the nature and scope of this investigate report.

SIGNATURE

TITLE

DATE

FOR CREDIT DEPARTMENT USE ONLY

| | |
|---------------------------|-------------------------|
| APPROVED CREDIT AMOUNT | \$ <input type="text"/> |
| REASON FOR CREDIT REFUSED | <input type="text"/> |

SIGNATURE

DATE