



**Winston Collection, LLC**  
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## CREDIT APPLICATION

Requested Credit Limit:\$

### **Bill To:**

Name:   
D/B/A:   
Address:   
City  State  Zip   
Phone:   
Fax:   
Email:   
Website:

### **Ship To:**

Name:   
D/B/A:   
Address:   
City  State  Zip   
Phone:   
Fax:   
Email:   
Website:

**Business Type:** (Check One) Corporation ☐  
General Partnership ☐ Limited Partnership ☐

Limited Liability Corp. ☐  
Individual ☐

### **Principles:**

Name:   
Address:   
City  State  Zip

Number of Yrs. in Business   
Social Security # or FEIN #:   
Phone:   
D&B #:   
Tax Exempt #:

### **Financial:**

Name of Bank:   
Address:   
City  State  Zip

Contact Person:   
Phone #:   
Fax #:

### **Trade References:**

1.	Company Name	Contact Name	Address
	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Phone: <input type="text"/>	Fax: <input type="text"/>
2.	Company Name	Contact Name	Address
	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Phone: <input type="text"/>	Fax: <input type="text"/>

I (we) authorize the above institutions to release all financial information regarding checking and savings accounts and outstanding loans, and to access my credit information. I(we) certify that the above information is true and correct. We believe that protecting your privacy is an integral part of the customer service we provide to you. This is the reason why we do not share customer information with outside parties who may wish to market their products to you.

x     
Signature Title Date