



CREDIT APPLICATION

Date: _____

Client Name _____ **Representative** _____

Applicant Legal Business Name _____ DBA _____

Street Address _____ Billing Address _____

City _____ State _____ Zip _____ Corporation Type: ☐ C Corporation Phone

_____ Cell # _____ ☐ LLC Corp. ☐ S Corporation

Fax # _____ E-mail: _____ ☐ Partnership ☐ Proprietorship

State of Organization _____

DUNS# _____ Federal Tax ID# _____ Year Business Organized _____

Accountant's Name _____ Accountant's Phone # _____

NAME OF BANK(S)/FACTOR(S)

Name:	Telephone #:	Contact Name:	Phone #:
Account #:	Fax #:	Borrowing: Yes/No	Type:
Average Balance:	Month/Yr. Opened:	Secured: Yes/No	Guaranteed: Yes/No
Name:	Telephone #:	Contact Name:	Phone #:
Account #:	Fax #:	Borrowing: Yes/No	Type:
Average Balance:	Month/Yr. Opened:	Secured: Yes/No	Guaranteed: Yes/No

NAME OF SUPPLIERS

Name:	Account #:	Street Address:		
Telephone #:	Fax #:	City:	State:	Zip:
Name:	Account #:	Street Address:		
Telephone #:	Fax #:	City:	State:	Zip:

The Applicant hereby authorizes, without reservation, any of the Applicant's suppliers, banks, factors or other creditors (individually, a "Releasing Party") contacted by CIT and its Representatives to furnish the above-mentioned information to CIT and its Representatives. CIT and its Representatives are authorized to provide this Credit Application to any Releasing Party upon such Releasing Party's request.

Principal's Signature (Responsible for Operations)

Principal's Name & Title (Please Print)

Date