



## BUSINESS CREDIT APPLICATION

For fast credit approval  
fax this completed form  
to: (718)-599-1183

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Company Name	Type of Business	Phone number	Fax Number
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Billing Address

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Shipping Address

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City

State

Zip

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City

State

Zip

Legal form Under Which Business Operates:

Corporation   Partnership   Sole Proprietor

Years in Business: \_\_\_\_\_ Dun & Bradstreet #: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

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Parent Company Name (If different than above)	Contact Name	Phone/Fax Number
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Address

City

State

Zip

### Bank References

1 \_\_\_\_\_

2 \_\_\_\_\_

Institution Name

Institution Name

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Account Number

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Account Number

---

Address

Phone/Fax Number

---

Address

Phone/Fax Number

### Open Accounts References

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Company Name

Company Name

Company Name

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Contact Name

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Contact Name

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Contact Name

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Address

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Address

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Address

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Phone/Fax Number

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Phone/Fax Number

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Phone/Fax Number

I hereby certify that the information contained herein is complete and accurate. This information has been furnished 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 the financial institutions 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.

**AUTHORIZED SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**PRINT NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_