



# APPLICATION FOR RETAIL CREDIT

Name \_\_\_\_\_  
Address (No P O Box) \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ (Must be filled in)  
Annual Income: \_\_\_\_\_  
(if none then signors Social Security Number) \_\_\_\_\_  
Business Name (if applicable) \_\_\_\_\_

Business Type: \_\_\_\_\_  
A. Sole Proprietorship  Partnership  Corporation  LLC   
B. \_\_\_\_\_  
C. \_\_\_\_\_

## BILLING INFORMATION (if different from above)

Name \_\_\_\_\_  
Address (No P O Box) \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Annual Income \_\_\_\_\_  
(if so Name used) \_\_\_\_\_

## BANKING REFERENCES:

Bank Name _____	Address _____
Branch _____	City _____
Account Number _____	State _____
Bank Name _____	Address _____
Branch _____	City _____
Account Number _____	State _____

# APPLICATION FOR RETAIL CREDIT con't

TRADE / CREDIT REFERENCES:

## APPLICATION FOR RETAIL CREDIT con't

In signing this application, I/WE do so with the understanding that ANY AND ALL CHARGES ARE DUE AND PAYABLE NET-30 FROM DATE OF INVOICE REGARDLESS OF WHETHER YOU ARE WAITING TO BE PAID BY A THIRD PARTY. INTEREST WILL BE CHARGED ON PAST DUE ACCOUNTS AT THE HIGHEST LEGAL LIMIT ALLOWED CHAPaS with that -6- 94.5ldwith.93 (may b (the ) (placed (TO ) (o [In 8) ("No (BY )1.9Sale"IMIT )TJndetus



# APPLICATION FOR RETAIL CREDIT con't

\_\_\_\_\_  
n \_\_\_\_\_

Authorized Signature NO FACSIMILE SIGNATURE

Print Name Write Here

AB A A B A A A A A A B A  
A A B A

\_\_\_\_\_  
n \_\_\_\_\_

n n \_\_\_\_\_

\_\_\_\_\_  
n n n

\_\_\_\_\_  
n n n n \_\_\_\_\_

\_\_\_\_\_  
n \_\_\_\_\_

NO COPY SIGNATURE

## BCI Use Only

\_\_\_\_\_  
n n A \_\_\_\_\_

\_\_\_\_\_  
n \_\_\_\_\_

\_\_\_\_\_  
n \_\_\_\_\_