



Business Credit Application

NAME/ADDRESS

Last: _____	First: _____	Middle Initial: _____
Title: _____	Name of Business: _____	Tax I.D. Number _____
Address: _____		
City: _____	State: _____	ZIP: _____ Phone: _____

COMPANY INFORMATION

Type of Business: _____	In Business Since: _____
Legal Form Under Which Business Operates: (Circle) Corporation Partnership Proprietorship	
If Division/Subsidiary, Name of Parent Company: _____	In Business Since: _____
Name of Company Principal Responsible for Business Transactions:	
Title: _____	Address: _____
City: _____	State: _____ ZIP: _____ Phone: _____
Name of Company Principal Responsible for Business Transactions:	
Title: _____	Address: _____
City: _____	State: _____ ZIP: _____ Phone: _____

BANK REFERENCES

Institution Name: _____	
Checking Account #: _____	Savings Account #: _____
Home Equity Loan: _____	Loan Balance: _____
Address: _____	Phone: _____
Institution Name: _____	
Checking Account #: _____	Savings Account #: _____
Home Equity Loan: _____	Loan Balance: _____
Address: _____	Phone: _____



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Trade References:

Company Name: _____ **Address:** _____

Contact Person: _____ **Phone Number:** _____

Credit Limit: _____ **Current Balance:** _____

Company Name: _____ **Address:** _____

Contact Person: _____ **Phone Number:** _____

Credit Limit: _____ **Current Balance:** _____

Company Name: _____ **Address:** _____

Contact Person: _____ **Phone Number:** _____

Credit Limit: _____ **Current Balance:** _____

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.

Signature _____ **Date** _____