



CONFIDENTIAL CREDIT APPLICATION

COMPANY NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____ YEARS IN BUSINESS: _____

FEDERAL I.D. NUMBER: _____

TYPE OF OWNERSHIP: _____

OWNER/OFFICER: _____

BANK INFORMATION: NAME _____
ADDRESS: _____
ACCOUNT NUMBER _____
TELEPHONE / FAX _____

REFERENCES: required (With High Credits of \$5,000.00 or more.)

NAME	ADDRESS	PHONE / FAX
_____	_____	_____
_____	_____	_____
_____	_____	_____

LINE OF CREDIT DESIRED? \$ _____

AUTHORIZED SIGNATURE _____ TITLE _____

PRINTED NAME _____ DATE _____

Please use 317-781-5463 to fax our accounting department.