



110 West Orion Street, Suite 133
Tempe, Arizona 85283
PHONE 480-383-8787
FAX 480-383-8788

CREDIT APPLICATION

Date: _____

Company Name: _____ Contact: _____

Telephone: _____ Fax: _____ Email: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Shipping Address (If different than billing address): _____

City: _____ State: _____ Zip: _____

Estimated Monthly Purchases: _____ Credit Line Requested: _____

Legal Entity Is: Sole Proprietorship Partnership Corporation LLC Date Established: _____

Proprietors/Partners Information

1.) Name: _____ Social Security #: _____

Residence Address: _____

City: _____ State: _____ Zip: _____

2.) Name: _____ Social Security #: _____

Residence Address: _____

City: _____ State: _____ Zip: _____

Corporate Information

State In Which Incorporated: _____ Date Of Incorporation: _____

President: _____ Vice President: _____

Secretary: _____ Treasurer: _____

Bank References

Bank Name: _____

Address: _____

Phone: _____ Personal Contact: _____

Type Of Account: _____ Account No.: _____

