APPLICATION FOR CREDIT

APPLICATION DATE

	AMOUNT REQUESTED _							
For the purpose of establishi correct and complete to the b								
NAME OF BUSINESS (DBA)					SOLE	PARTNERS	SHIP CORPORATION	
CORPORATION OR OTHER					DATE BUSINESS STARTED			
STREET ADDRESS			CITY, STATE			ZIP		
BILLING ADDRESS (IF DIFFERENT		CITY, STATE			ZIP			
TELEPHONE			FAX					
NAME OF ACCOUNTS PAYABLE C		TELEPHONE EXTENSION						
BANK NAME AND BRANCH			CONTACT	CONTACT			SS CHECK ACCT.	
Name and home address of ind	ividuals officers	, partners, own	ners,			- 1		
FULL NAME	POSITION	POSITION RESIDENCE ADDRESS					TELEPHONE	
List three principal suppliers w	 /ith whom you ha	 ave maintained	d credit for a r	ninimum of o	ne year.			
COMPANY					TELEPH	IONE		
Read before signing. I/we hereby ag attorney fees. Any balance over 30 c						customer pay	ys all costs and	
Signature			Title			Date		
CORPORATION ONLY - Cont In Consideration for the exten			ded by the sel	ller mentioned	d I/we:			
We the undersigned, do hereby joint according to the terms thereof.	tly severally and per	rsonally guarantee	e the prompt pay	ment of any and	all indebted	dness of the a	applicant to the seller	
In case suit or action is instituted to on the court may adjudge reasonable, in				to this agreeme	nt, I/we pror	nise to pay su	uch additional sums as	
Signature _		Date _	Signat	ture 💷			Date	
Name			Name					
Address			Addres	ss				