

Confidential Credit Information

BILLING INSTRUCTIONS

NAME OF BUSINESS _____
Address _____
City _____ State _____ Zip _____
Phone () _____ FAX () _____
SAN # _____ E-mail _____

BILLING ADDRESS, IF DIFFERENT FROM ABOVE:
Address _____
City _____ State _____ Zip _____
Phone () _____ FAX () _____

SHIPPING ADDRESS, IF DIFFERENT FROM ABOVE:
Address _____
City _____ State _____ Zip _____
Shipping Instructions: _____

BUSINESS HISTORY

TYPE OF OWNERSHIP
() Sole Proprietorship SSN # _____ () Corporation Sub-S _____
() Partnership _____ () Corporation (Not For Profit) FEI _____
() Corporation (For Profit) FEI _____ () Institution (College) _____
() Church Owned _____

Date Business Established: Month _____ Year _____ Length of Present Ownership/Management _____

OWNER/MANAGER/PARTNER RESIDENCE:
Address _____
City _____ State _____ Zip _____
Phone () _____

TRADE REFERENCES

TRADE REFERENCES (List 3)

Name	Address, City, State & Zip	Account No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

PERSONAL REFERENCES

If a new business, complete the following: **PERSONAL CREDIT REFERENCES (List 2)**

Name	Address, City, State & Zip	Account No.
_____	_____	_____
_____	_____	_____

Other Sources of Income: _____

ADDITIONAL INFORMATION

ANNUAL SALES:
Previous Year's Gross Sales _____ Projected Gross Sales for Current Year _____

TYPE OF BUSINESS: () Retail () Mail Order () College () Other

Sales Tax No. _____ Store Size _____ (sq. ft.)

Store Hours: Please circle days and list hours open per week:
M T W Th F Sa S From _____ To _____
M T W Th F Sa S From _____ To _____

Location of Store: () Business District () Shopping Center () Other _____
() Own _____ () Rent — Monthly Payment _____

BANK NAME _____ Account Number _____
Address _____
City _____ State _____ Zip _____
Phone () _____ Contact Person _____

Company _____ Signature _____
Date _____ Title _____