

ImprintGuy.com - Credit Application

COMPANY NAME: _____ PHONE: _____
STREET ADDRESS: _____ FAX: _____
CITY: _____ STATE: _____ ZIP: _____
BILLING ADDRESS (IF DIFFERENT FROM ABOVE): _____
CITY: _____ STATE: _____ ZIP: _____
EMAIL: _____ CREDIT LINE SOUGHT: _____
COMPANY IS A: CORPORATION PARTNERSHIP PROPRIETORSHIP L.L.C. P.L.C.
CORPORATE REGISTRATION NO. _____ V.A.T. NO. _____ ANNUAL SALES _____
ARE FINANCIAL STATEMENTS AVAILABLE? YES NO # YEARS IN BUSINESS _____

NOTE: IF IN BUSINESS LESS THAN FIVE YEARS, YOU MUST COMPLETE PERSONAL GUARANTEE

OWNER/DIRECTOR INFORMATION

NAME 1: _____ TITLE: _____
HOME ADDRESS: _____ PHONE: _____
NAME 2: _____ TITLE: _____
HOME ADDRESS: _____ PHONE: _____
NAME 3: _____ TITLE: _____
HOME ADDRESS: _____ PHONE: _____

BANKING INFORMATION

BANK NAME: _____ ACCOUNT #: _____
BRANCH ADDRESS: _____ CITY/STATE/ZIP: _____
BANK CONTACT NAME: _____ PHONE: _____

TRADE INFORMATION

VENDOR 1: _____ CONTACT: _____
PAYMENT ADDRESS: _____ CITY/STATE/ZIP: _____
PHONE: _____ FAX: _____ ACCOUNT #: _____
VENDOR 2: _____ CONTACT: _____
PAYMENT ADDRESS: _____ CITY/STATE/ZIP: _____
PHONE: _____ FAX: _____ ACCOUNT #: _____
VENDOR 3: _____ CONTACT: _____
PAYMENT ADDRESS: _____ CITY/STATE/ZIP: _____
PHONE: _____ FAX: _____ ACCOUNT #: _____