



2634 State Route 49  
West Monroe, NY 13167  
315-676-4431  
(Fax): 315-668-6844

**Business Credit Application**

Company Name: \_\_\_\_\_  
DBA (if different): \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Date Business Established: \_\_\_\_\_ Amount of Credit Requested: \$ \_\_\_\_\_  
Federal Tax ID or Social Security Number: \_\_\_\_\_  
Types of Products You Will Purchase: \_\_\_\_\_

Are You a:  
 Corporation  Partnership  Sole Proprietorship

**Names, Titles, and Social Security Numbers of Your Principals:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Are you exempt from any taxes?  YES  NO  
(If yes, please attach a tax exempt form.)

**TRADE REFERENCES**

Name: _____	Acct# _____	Name: _____	Acct# _____
Address: _____		Address: _____	
Phone: _____	Fax# _____	Phone: _____	Fax# _____
Name: _____	Acct# _____	Name: _____	Acct# _____
Address: _____		Address: _____	
Phone: _____	Fax# _____	Phone: _____	Fax# _____

**BANK REFERENCES**

Checking Account #: \_\_\_\_\_  
Savings Account #: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax# \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Name of Bank: \_\_\_\_\_  
Address: \_\_\_\_\_

I represent that the above information is true and is given to include to extend credit to the applicant. My company and I authorize to make such credit investigation as sees fit, including contacting the above trade references and banks and obtaining credit report. MY company and I authorize all trade references, banks, and credit reporting agencies to disclose to any and all information concerning the financial and credit history of my company and myself. I have read the terms and conditions stated below and agree to all of these terms and conditions.

Authorized Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_