



CREDIT APPLICATION (PLEASE FILL OUT COMPLETELY)



P.O. Box 930439 • West Road • Wixom, Michigan 48393

248.624.5050 • Fax: 248.624.6988

Firm Name: _____

State Tax ID# _____

Bill To: _____

Ship To: _____

Phone: () _____

Phone: () _____

Fax: () _____

Fax: () _____

Number of years in business: _____

Duns Number: _____

Business Type: _____ Corporation _____ Partnership _____ Proprietorship

Location: _____ Factory _____ Residential _____ Office _____ Retail

Do You: _____ Own _____ Rent

Bank Information:

Bank Name: _____

Loan Officer: _____

Phone: () _____

Fax: () _____

Principles of Business (Include all principles if privately held):

Name: _____

Title: _____

Name: _____

Title: _____

Name: _____

Title: _____

Trade References (Provide at least 4 and state what product or service they provide):

Name: _____ Account Number: _____ Phone: () _____

Mailing Address: _____ Fax: () _____

Name: _____ Account Number: _____ Phone: () _____

Mailing Address: _____ Fax: () _____

Name: _____ Account Number: _____ Phone: () _____

Mailing Address: _____ Fax: () _____

Name: _____ Account Number: _____ Phone: () _____

Mailing Address: _____ Fax: () _____

Briefly describe the nature of your business (I.E. Furniture Store, Interior Designer, Glass Shop etc.):

High Credit Requested: \$ _____ Prepared By: _____ Title: _____

Preparer's Signature attests to the fact that preparer has submitted all information truthfully and accurately.

Signature: _____

Office use only

Date: _____

Credit Line: \$ _____

Approved By: _____