

## **BUSINESS CREDIT APPLICATION**

THE FOLLOWING INFORMATION MUST BE COMPLETED IN FULL. ALL INFORMATION IS CONFIDENTIAL AND IN COMPLIANCE WITH COMPANY POLICY.

CREDIT LIMIT REQUESTED: CREDIT APPLICANT: Company Name: \_\_\_\_\_ \_\_\_\_\_ Name (President): \_\_\_\_\_ Years at this Address: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Tax I.D. Number: Type of Business: Legal Form Under Which Business Operates: \_\_\_\_\_ Corporation Partnership Proprietorship Individual Other Name of Parent Company (If Division/Subsidiary): \_\_\_ Name of Company Principal Responsible for Business Transactions: \_\_\_\_\_\_ City: State/Province: ZIP/Postal Code: Fax Number: \_\_ Phone Number: BANK REFERENCE: \_\_\_ Account Type: \_\_\_\_\_ Account Number: \_\_\_\_ Institution Name: \_\_\_\_ Address: \_\_\_\_ City: \_\_\_\_\_\_\_ State/Province: \_\_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_\_ Contact Name: \_\_\_\_\_ Phone Number: \_\_\_ Fax Number: \_\_\_\_\_\_ TRADE REFERENCES: REFERENCE 1: Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_ Fax Number: \_\_\_\_\_ Phone Number: REFERENCE 2: Company Name: \_\_\_\_\_\_ Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_ City: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_ REFERENCE 3: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Company Name: \_\_\_\_ \_\_\_\_\_State/Province: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_ City: \_\_\_\_\_ Phone Number: \_\_\_ Fax Number: \_\_\_ WE CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, AND THAT WE CAN AND WILL COMPLY WITH YOUR CREDIT TERMS AND CONDITIONS. WE PERSONALLY GUARANTEE ALL DEBTS OWED TO COI RUBBER PRODUCTS, INC., AND WE HEREBY GRANT AUTHORITY FOR RELEASE OF ACCOUNT INFORMATION FROM OUR BANK TO COI RUBBER PRODUCTS, INC. FOR THE PURPOSE OF CREDIT INQUIRY. Print Name: \_\_\_\_\_ Title: \_\_\_\_\_