



APPLICATION FOR CREDIT

Account Name: _____

Name/Address Amount of Credit Requested: _____ Date: _____

Last: _____	First: _____	M: _____	Title: _____
Legal Name of Business: _____			
Add'l Trade Names: _____			
Address: _____		Website: _____	
City: _____	State: _____	Zip: _____	Phone: _____

Company Information

Description of Business: _____	
In Business Since: _____	State of Incorporation _____
Legal Entity Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> Other	
Tax ID #: _____	Duns #: _____
A/P Contact Name: _____ Title: _____	
Phone: _____	Fax: _____ Email: _____
Billing Address: _____	
City: _____	State: _____ Zip: _____

Bank References

Bank Name: _____	Contact Name: _____
Address: _____	Contact Phone: _____
City: _____	State: _____ Zip: _____
Phone: _____	Fax: _____
Accounts:	
Checking # _____	Savings# _____ Loan # _____

Trade References: (Please provide three trade references.)

Company Name: _____	Contact Name: _____
Address: _____	Phone: _____
City: _____	State: _____ Zip: _____
Acct Open Since: _____	Annual Purchases: _____ High Credit: _____
Credit Limit: _____	Current Balance Owed: _____
Company Name: _____	Contact Name: _____
Address: _____	Phone: _____
City: _____	State: _____ Zip: _____
Acct Open Since: _____	Annual Purchases: _____ High Credit: _____
Credit Limit: _____	Current Balance Owed: _____
Company Name: _____	Contact Name: _____
Address: _____	Phone: _____
City: _____	State: _____ Zip: _____
Acct Open Since: _____	Annual Purchases: _____ High Credit: _____
Credit Limit: _____	Current Balance Owed: _____

Terms and Conditions

This information has been furnished with the understanding that it is to be used to determine the amount and condition of any credit to be extended. Furthermore, the applicant hereby authorizes the financial institution(s) listed in this credit application to release necessary information to Simple Truths, LLC in order to verify the information contained herein.

Applicant's signature attests solvency, ability and willingness to pay our invoices in accordance with the terms established. Applicant's representative by signing below represents and warrants that he/she has been duly authorized to make the statements contained herein and to bind the applicant to the terms and conditions set forth and further warrants that the information set forth herein (including without limitation, any additional sheets attached hereto) is complete and accurate.

Name (print): _____

Signature: _____

Title: _____

Date: _____

Please fax completed form to 630-946-1498