

**BUSINESS CREDIT APPLICATION**

**Name/Address**

**FOR RESALE ? YES NO IF YES: RESALE #**

Last:	First:	Middle Initial:	Title	
Name of Business:			Tax I.D. Number	
Address:				
City:	State:	ZIP:	Phone:	Fax:

**Company Information**

Type of Business:	In Business Since:			
Legal Form Under Which Business Operates:				
State/Province:	Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/>	
If Division/Subsidiary, Name of Parent Company:			In Business Since:	
Name of Company Principal Responsible for Business Transactions:			Title:	
Address:	City:	State:	ZIP:	Phone:
Name of Company Principal Responsible for Business Transactions:			Title:	
Address:	City:	State:	ZIP:	Phone:

**Bank References**

Institution Name:	Institution Name:	Institution Name:
Checking Account #:	Savings Account #:	Savings Acct #:
Address:	Address:	Address:
Phone:	Phone:	Phone:

**Trade References**

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Fax #:	Fax #:	Fax #:

**Financial Information**

<b>Company Total Assets</b>	<b>Company Total Liabilities</b>	<b>Annual Net Income</b>	<b>Amount of Credit Requested:</b>
Have you or your officers or affiliates ever filed a petition in bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is your company subject to any litigation? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, describe:			

We declare that the above information is true, correct and complete and is given to induce the Company to extend credit. We authorize the Company to make such credit investigation as the Company sees fit, including contacting the above trade references and banks and obtaining credit reports. We authorize all trade references, banks and credit reporting agencies to disclose to the Company 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 those terms and conditions.

**PLEASE FAX TO: MR. HOSE INC 323-727-0884**

Name of Company: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_