



# COMMERCIAL CREDIT APPLICATION

ACCOUNT # \_\_\_\_\_

SALES REP \_\_\_\_\_

## CLIENT INFORMATION

**\* = Required Information**

Company Name\* \_\_\_\_\_ Date\* \_\_\_\_\_

Physical Address\* \_\_\_\_\_

Billing Address\* \_\_\_\_\_ Ship To Address\* \_\_\_\_\_

Main Phone #\* \_\_\_\_\_ Main Fax #\* \_\_\_\_\_ A/P Contact\* \_\_\_\_\_ A/P Email\* \_\_\_\_\_  
Phone #\* \_\_\_\_\_ Fax #\* \_\_\_\_\_ Contact\* \_\_\_\_\_ Phone #\* \_\_\_\_\_

Owner/Officer Name\* \_\_\_\_\_ Title \_\_\_\_\_ Cell Phone #\* \_\_\_\_\_

Owner/Officer Address\* \_\_\_\_\_ Email \_\_\_\_\_

Business Structure\* (check one):  Corporation  Private  Public  S Corp  C Corp  LLC  
 Partnership  Proprietorship State of Incorporation \_\_\_\_\_  
If Subsidiary: Parent Company \_\_\_\_\_ City, State \_\_\_\_\_

Own or Lease Building \_\_\_\_\_ Name & Address of Leaser \_\_\_\_\_  
Leaser Phone # \_\_\_\_\_ # of Years in Occupancy \_\_\_\_\_  
Number of Years in Business\* \_\_\_\_\_ Dunn & Bradstreet # \_\_\_\_\_  
Federal Tax ID #\* \_\_\_\_\_ Credit Limit Requested \$ \_\_\_\_\_  
Anticipated Monthly Purchases\* \$ \_\_\_\_\_ Annual Sales \$ \_\_\_\_\_

Personal Guarantee Signature \_\_\_\_\_ SSN \_\_\_\_\_

## TRADE REFERENCES\* Please list three MAJOR trade references.

**1-Company Name\*** \_\_\_\_\_ Account #\* \_\_\_\_\_  
Address\* \_\_\_\_\_  
A/R Contact\* \_\_\_\_\_ Title \_\_\_\_\_  
**Phone #\*** \_\_\_\_\_ **Fax #\*** \_\_\_\_\_ **Avg. Monthly Purchases** \_\_\_\_\_

**2-Company Name\*** \_\_\_\_\_ Account #\* \_\_\_\_\_  
Address\* \_\_\_\_\_  
A/R Contact\* \_\_\_\_\_ Title \_\_\_\_\_  
**Phone #\*** \_\_\_\_\_ **Fax #\*** \_\_\_\_\_ **Avg. Monthly Purchases** \_\_\_\_\_

**3-Company Name\*** \_\_\_\_\_ Account #\* \_\_\_\_\_  
Address\* \_\_\_\_\_  
A/R Contact\* \_\_\_\_\_ Title \_\_\_\_\_  
**Phone #\*** \_\_\_\_\_ **Fax #\*** \_\_\_\_\_ **Avg. Monthly Purchases** \_\_\_\_\_

## BANK REFERENCES\* See second page.

All statements made herein are true to the best of my knowledge. We authorize Wolfe/Keystone to make any and all inquiries necessary for action on this credit application. We hereby indemnify Wolfe/Keystone and the agents from any liabilities resulting from their credit survey. Customer agrees to pay cost of any applicable and reasonable attorney fees and/or collection fees incurred by Wolfe/Keystone in the process of verifying and checking the credit holder's accounts and collecting any past due amounts. If suit becomes necessary, it will be litigated in the county/state of the seller.

Authorized By\* \_\_\_\_\_ Title \_\_\_\_\_  
(Signature) \_\_\_\_\_  
(Please Print) \_\_\_\_\_ Date \_\_\_\_\_



681 Cabarrus Ave West - PO Box 5085 - Concord, NC 28027  
Phone 704-788-6441 - Fax 704-784-2624

### BANK CREDIT INQUIRY

FAX TO (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ DATE \_\_\_\_\_

BANK \_\_\_\_\_

ATTN \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CONTACT \_\_\_\_\_

BANK ACCOUNT # \_\_\_\_\_

IN ORDER FOR US TO PROCESS A CREDIT APPLICATION WE RECEIVED ON THE ABOVE ACCOUNT, WE WOULD APPRECIATE YOUR HELP IN PROVIDING US WITH THE INFORMATION REQUESTED BELOW. YOUR RESPONSE WILL BE TREATED WITH ABSOLUTE CONFIDENTIALITY.  
THANK YOU VERY MUCH IN ADVANCE FOR YOUR HELP.

Account Opened: \_\_\_\_\_

Type of Account: \_\_\_\_\_

High Avg Monthly Balance: \_\_\_\_\_

Low Avg Monthly Balance: \_\_\_\_\_

Line of Credit Limit: \_\_\_\_\_

Current Unused Balance: \_\_\_\_\_

Non-Sufficient Funds in Last Year:  Yes  No

# of NSF's: \_\_\_\_\_

Other: \_\_\_\_\_

#### Customer Authorizing Bank to Release Above Information:

#### Bank Certification that Above Statement is True & Correct:

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_