

# Vendor Credit Application

## Applicant Information:

Business Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Business Information:

Type of Business: \_\_\_\_\_

Years in Business: \_\_\_\_\_

Business License Number: \_\_\_\_\_

## Credit References:

1. Company Name: \_\_\_\_\_
2. Contact Person: \_\_\_\_\_
3. Phone Number: \_\_\_\_\_

1. Company Name: \_\_\_\_\_
2. Contact Person: \_\_\_\_\_
3. Phone Number: \_\_\_\_\_

**Requested Credit Amount: \$** \_\_\_\_\_

By signing below, I authorize the vendor to conduct a credit check on my business and understand that this application does not guarantee credit.

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

Date: \_\_\_\_\_