

Reseller Business Credit Application

Date: _____

Applicant Information

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Business Details

Type of Business: _____ (Sole Proprietorship, LLC, Corporation, etc.)

Years in Business: _____

Tax ID Number: _____

Owner Information

Owner Name: _____

Owner Address: _____

Phone Number: _____ Email: _____

Credit References

1. Company Name: _____

Contact Person: _____ Phone: _____

2. Company Name: _____

Contact Person: _____ Phone: _____

Bank Information

Bank Name: _____

Bank Address: _____

Account Number: _____ Phone: _____

Terms and Agreement

By signing below, I authorize the above information to be verified and acknowledge that I have read and agree to the terms of credit.

Signature: _____ Date: _____

Thank You

Thank you for considering our services. We will review your application and get back to you shortly.