

APPLICATION FOR CREDIT

Please Fax Completed Application to 1-618-548-9016

BUSINESS INFORMATION			
Business Name		Type of Business	
Business Address		Date Started	
City / State/ Zip		Number of Employees	
County	Tax Rate	%	
Business Phone		Corporation	
Beeper/Mobile Phone		Proprietorship	
Fax Number		Partnership	
Owner's Full Name:			
Driver's License Number:		Spouse Name (if any)	
Social Security	Date Of Birth:	Social Security	Date Of Birth:
Home Address			
City/State/Zip		Home Phone Number	
EQUIPMENT DESCRIPTION			
Description			
BUSINESS BANK ACCOUNT			
Bank Name		Phone Number	
Account Number		Contact	
* On ALL bank accounts, please provide copies of the LAST 3 MONTHS of your bank statements.			
TRADES/DEBT/LEASE REFERENCES			
Name		Contact	
Phone Number		Account Number	
COMPANIES THAT YOU MOVE HOMES FOR			
Company		Phone Number	
City/State/Zip		Contact	
Company		Phone Number	
City/State/Zip		Contact	
NAME OF NEAREST LIVING RELATIVE			
Name		Address	
Phone Number		City/State/Zip	
I hereby authorize a standard credit investigation on my company, its officers and principals. The Undersigned authorizes all parties contacted to release credit and financial information requested as a part of said investigation.			
Applicant Signature		Date	