

BRAND UMBRELLA CREDIT APPLICATION

NAME/ADDRESS			
CONTACT NAME:		TITLE:	
NAME OF BUSINESS:		TAX ID NUMBER	
ADDRESS:			
CITY	STATE	ZIP CODE	PHONE NUMBER

COMPANY INFORMATION			
ANNUAL SALES:		IN BUSINESS SINCE:	
CREDIT AMOUNT REQUESTED:			
BUSINESS STRUCTURE:			
<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship	
(IF DIVISION/SUBSIDIARY) NAME OF PARENT COMPANY:		IN BUSINESS SINCE:	
NAME OF COMPANY PRINCIPAL RESPONSIBLE FOR BUSINESS TRANSACTIONS:		TITLE:	
ADDRESS:			

CITY:	STATE:	ZIP CODE:	PHONE NUMBER:
OWNER NAME:			

ACCOUNT PAYABLE CONTACT INFO:			
CONTACT NAME:		TITLE:	
ADDRESS:			
CITY	STATE	ZIP CODE	PHONE NUMBER

BANK REFERENCES:			
INSTITUTION NAME:		INSTITUTION NAME:	
CHECKING ACCOUNT #:	CHECKING ACCOUNT #:	HOME EQUITY LOAN:	LOAN BALANCE:
ADDRESS:		ADDRESS:	
PHONE:	PHONE:	PHONE:	

TRADE REFERENCES:

COMPANY NAME:	COMPANY NAME:	COMPANY NAME:
ADDRESS:	ADDRESS:	ADDRESS:
PHONE:	PHONE:	PHONE:
ACCOUNT OPENED SINCE:	ACCOUNT OPENED SINCE:	ACCOUNT OPENED SINCE:
CREDIT LIMIT:	CREDIT LIMIT:	CREDIT LIMIT:
CURRENT BALANCE:	CURRENT BALANCE:	CURRENT BALANCE:

The information contained in this document is true and accurate to the best of my knowledge. Based on the information provided, a credit extension amount and conditions will be determined. Furthermore, in order to determine the information listed above, I consent to the financial institutions listed in the credit application form to provide the necessary information to the company when demanded.

SIGNATURE:	DATE: