



MICRO Credit Application

Please complete the information below or attach standard company credit reference information.

DATE: _____

COMPANY NAME: _____ D&B #: _____

BUSINESS ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ TELEPHONE #: _____ FAX #: _____

CHECK ONE: _____ CORPORATION _____ SOLE PROPRIETORSHIP _____ PARTNERSHIP

FEDERAL TAX ID NUMBER (FOR CORPORATION) OR SOCIAL SECURITY NUMBER: _____

PRIMARY CONTACT PERSON: _____ TITLE: _____

TEL. EXTENSION: _____ EMAIL ADDRESS _____

CORPORATE PRESIDENT: _____ PARTNER: _____ SS#: _____

CORPORATE SECRETARY: _____ PARTNER: _____ SS#: _____

CORPORATE TREASURER: _____ PARTNER: _____ SS#: _____

BANK REFERENCE:

BANK NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

ACCOUNT #: _____ ACCOUNT #: _____ ACCOUNT #: _____

CONTACT PERSON: _____ TITLE: _____

TELEPHONE #: _____ FAX NUMBER #: _____

CREDIT REFERENCES:

1) COMPANY NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ TELEPHONE: _____ FAX: _____

2) COMPANY NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ TELEPHONE: _____ FAX: _____

3) COMPANY NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ TELEPHONE: _____ FAX: _____