



CREDIT APPLICATION

Business Information

Business Name:		Type of Business:	
Name of Principal Owner:		In Business Since:	
Billing Address:			
City:		State:	Zip:
Shipping Address (If Different):			
City:		State:	Zip:
Phone:	Fax:	Email:	

Bank Reference

Institution Name:		Checking Account #:	
Contact Person:	Phone:	Email:	

Trade References

Business Name:	Business Name:	Business Name:
Contact Person:	Contact Person:	Contact Person:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Email:	Email:	Email:
Account Open Since:	Account Open Since:	Account Open Since:

Have you or your officers or affiliates ever filed a petition for bankruptcy? Yes No

Is your company currently subject to any litigation? Yes No

If so, please describe:

We declare that the above information is true, correct, and complete and is given to Boston Showcase Company to extend credit. We authorize Boston Showcase Company to make such credit investigation as they see fit, including contacting the above trade references. We authorize all trade references, banks, and credit reporting agencies to disclose to Boston Showcase Company any and all information concerning the financial and credit history of my company and myself:

I have read the terms and conditions stated above and agree to all of those.

Authorized Signature: _____

Printed Name: _____

Title: _____