

CREDIT APPLICATION

Business Information

				I T. (B.:			
Business Name:				Type of Business:			
Name of Principal Owner:				In Business Since:			
Billing Address:			0			7.	
			State	ate: Zip:			
Shipping Address (If Different):			ı				
City:			State:		Zip:		
Phone:	Fax:			Email:			
Bank Reference							
Institution Name:				Checking Account #:			
Contact Person:		Phone:		Email:			
Trade References							
Business	Business			Business			
Name:	Na	Name:			Name:		
Contact		Contact			Contact		
Person:		Person:			Person:		
Address:	Ad	Address:			Address	:	
Phone:	Ph	Phone:			Phone:		
Email:	Em	Email:			Email:		
Account Open Since:	Acc	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 Is no please describe:							
We declare that the above information extend credit. We authorize Boston strong the above trade reference to Boston Showcase Company any amyself:	Showcas es. We a	se Company to make outhorize all trade refe	such c rences	redit inve , banks,	estigation and credit	as they see fit, including t reporting agencies to disclose	
I have read the terms and conditions	stated a	above and agree to al	l of tho	se.			
Authorized Signature:							
Printed Name:							
Title:							