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Credit Application Form

Company's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Contact Name: _____ Title: _____

Accounts Payable Contact: _____

How long has your company been in business? _____

Bank Name: _____

Location: _____

Checking Account Number: _____

Savings Account Number: _____

Bank Contact Person: _____

(Cont. of CTC Credit Application Form)

References: (Please list at least three)

1) Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Contact Name: _____
Account Number: _____

2) Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Contact Name: _____
Account Number: _____

3) Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Contact Name: _____
Account Number: _____

Signature: _____

Print: _____

Title: _____