

# Credit Application



Phone 1-800-201-0788 Fax 605-342-0830

Date \_\_\_\_\_

Business Name \_\_\_\_\_

P: \_\_\_\_\_ F: \_\_\_\_\_  
(Phone and Fax Numbers)

Billing Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Shipping Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

D/B/A \_\_\_\_\_ EIN# \_\_\_\_\_

Type of Business \_\_\_\_\_ Date Established \_\_\_\_\_

**Ownership**     Sole Proprieter     Partnership     LLC     Corporation

Principal \_\_\_\_\_  
(Name) (Title) (SSN) (Home Address)

Principal \_\_\_\_\_  
(Name) (Title) (SSN) (Home Address)

Principal \_\_\_\_\_  
(Name) (Title) (SSN) (Home Address)

Principal \_\_\_\_\_  
(Name) (Title) (SSN) (Home Address)

## Trade References

\_\_\_\_\_  
(Name and Address)    P: \_\_\_\_\_ F: \_\_\_\_\_  
(Phone and Fax Numbers)

\_\_\_\_\_  
(Name and Address)    P: \_\_\_\_\_ F: \_\_\_\_\_  
(Phone and Fax Numbers)

\_\_\_\_\_  
(Name and Address)    P: \_\_\_\_\_ F: \_\_\_\_\_  
(Phone and Fax Numbers)

**Bank Reference**     Checking     Loan     Savings

\_\_\_\_\_  
(Name and Address)    P: \_\_\_\_\_ F: \_\_\_\_\_  
(Phone and Fax Numbers)

\_\_\_\_\_  
(Contact)

\_\_\_\_\_  
(Account Number)

**(Please Complete Other Side)**

