

## Company Information

Company Name: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Payment Contact: \_\_\_\_\_  
 Fax #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Credit Line Requested: \_\_\_\_\_

## Type of Business

Corporation  Proprietorship  
 Subsidiary \_\_\_\_\_  Partnership  
(Parent Company)  
 Date Established: \_\_\_\_\_ Principal Owner: \_\_\_\_\_  
 Nature of Business: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Dunn and Bradstreet #: \_\_\_\_\_ Address: \_\_\_\_\_  
 Resale #: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

## Bank References

Bank Name: _____	Bank Name: _____
Address: _____	Address: _____
City: _____ St: _____ Zip: _____	City: _____ St: _____ Zip: _____
Account #: _____	Account #: _____
Contact: _____	Contact: _____
Phone #: _____	Phone #: _____
Fax #: _____	Fax #: _____

## Trade References (Minimum of three required)

Company: _____	Company: _____
Address: _____	Address: _____
City: _____ St: _____ Zip: _____	City: _____ St: _____ Zip: _____
Contact: _____	Contact: _____
Phone #: _____ Fax #: _____	Phone #: _____ Fax #: _____

  

Company: _____	Company: _____
Address: _____	Address: _____
City: _____ St: _____ Zip: _____	City: _____ St: _____ Zip: _____
Contact: _____	Contact: _____
Phone #: _____ Fax #: _____	Phone #: _____ Fax #: _____

The Applicant authorizes Recortec, Inc. to contact any of the references given, including its bank(s), to verify credit standing. This form may be reproduced or photocopied and a faxed copy shall be as effective consent as the original which I have signed.

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

