

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: _____ Address: _____ City: _____ St: _____ Zip: _____ Account #: _____ Contact: _____ Phone #: _____ Fax #: _____	Bank Name: _____ Address: _____ City: _____ St: _____ Zip: _____ Account #: _____ Contact: _____ Phone #: _____ Fax #: _____
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Trade References (Minimum of three required)

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

