



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

Business Contact Information

Contact Party: _____	
Company Name: _____	
Phone: _____	Fax: _____ Email: _____
Registered Company Address: _____	
City: _____	State: _____ Zip: _____
Date business commenced: _____	
State of Incorporation: _____ Year Formed: _____	
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____	

Business & Credit Information

DNB#: _____	
Primary Business Address: _____	
City: _____	State: _____ Zip: _____
How long at current address? _____	
Phone: _____	Fax: _____ Email: _____
Bank Name: _____	
Bank Address: _____	
City: _____	State: _____ Zip: _____
Type of Account	Account Number
Savings	_____
Checking	_____
Loan	_____
Other	_____

Business/Trade References

Company Name: _____	
Phone: _____	Fax: _____ Email: _____
Company Address: _____	
City: _____	State: _____ Zip: _____
Type of Account: _____	
Company Name: _____	
Phone: _____	Fax: _____ Email: _____
Company Address: _____	
City: _____	State: _____ Zip: _____
Type of Account: _____	
Company Name: _____	
Phone: _____	Fax: _____ Email: _____
Company Address: _____	
City: _____	State: _____ Zip: _____
Type of Account: _____	

Agreement

1. Attach last 3 years Financial Statements and/or Partners Personal Tax Returns.
2. By submitting this application, you authorize Reliant Asset Management, L.L.C. to make inquiries into the banking and business/trade references that you have supplied.

Authorized Signatures

 Title:
 Date:

 Title:
 Date: