



# Business Credit Application



Company Name	Type of Business	Phone Number	Fax Number
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Billing Address	Shipping Address
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City	State	Zip	City	State	Zip
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Type of Ownership: Corporation Partnership Sole Proprietor Government Non-Profit

Tax ID Number: \_\_\_\_\_ Years in Business: \_\_\_\_\_ Tax Exempt? Yes No  
(If yes, please include resale certificate with application)

Parent company names: \_\_\_\_\_

Address	Fax Number
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City	State	Zip
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### Bank References

1 \_\_\_\_\_  
Name Phone Number Fax Number  
Account Number: \_\_\_\_\_ Contact: \_\_\_\_\_

2 \_\_\_\_\_  
Name Phone Number Fax Number  
Account Number: \_\_\_\_\_ Contact: \_\_\_\_\_

### Credit References

1 \_\_\_\_\_  
Name Phone Number Fax Number  
Address City State Zip

2 \_\_\_\_\_  
Name Phone Number Fax Number  
Address City State Zip

3 \_\_\_\_\_  
Name Phone Number Fax Number  
Address City State Zip

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorized the financial institutions listed in this application to release necessary information to TD Curran, Inc in order to verify the information contained herein.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

The Guarantor whose name and signature appears below does hereby, unconditionally and irrevocably, guarantee the full, timely payment of any and all debts and/or liabilities incurred through business dealings with TD Curran, Inc.

Guarantor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_