

Credit Application Form

Sales Person: _____

NAME / ADDRESS				
Last	First	Middle Initial	Title	
Name of Business			Tax ID Number	
Address			DUNS Number	
City	State	Zip Code	Phone	
COMPANY INFORMATION				
Type of Business			In Business Since	
Legal form of business <input type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> Proprietorship <input type="radio"/> Other				
If Division/Subsidiary, Name of Parent Company			In Business Since	
Name of company principal responsible for business transactions			Title	
Address	City	State	Zip	Phone
BANK REFERENCES				
Institution Name	Institution Name	Institution Name		
Checking Account #	Savings Account #	Home Equity Loan	Loan Balance	
Address	Address	Address		
Contact Name	Contact Name	Contact Name		
Phone	Phone	Phone		
Fax	Fax	Fax		
TRADE REFERENCES				
Company Name	Company Name	Company Name		
Contact Name	Contact Name	Contact Name		
Address	Address	Address		
Phone	Phone	Phone		
Fax	Fax	Fax		
Account Open Since	Account Open Since	Account Open Since		
Credit Limit	Credit Limit	Credit Limit		
Current Balance	Current Balance	Current Balance		

Amount of Credit Requested _____

I hereby certify that the information contained herein is complete and accurate. The 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 authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied in order to verify the information contained herein. Note that American Natural is not responsible for any fees charged by banking institutions as a result of this credit check.

Signature _____ Date _____

Name & Title _____

Email Address _____