

# Coastal Bronze

## Application for Credit

Name of Business: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ EXT: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Business: \_\_\_\_\_ FED I.D.#: \_\_\_\_\_ Tax Resale: \_\_\_\_\_

Form of Business: Corporation \_\_\_\_\_ Date Incorporated \_\_\_\_\_  
Partnership \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Date Established \_\_\_\_\_

### Principal Owners, Partners or Officers-Home Address:

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_ S.S.#: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_ S.S.#: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Trade References

COMPANY: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ EXT: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

COMPANY: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ EXT: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Banking

Name Of Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Account #: \_\_\_\_\_ Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

I hereby authorize the release of bank credit information for use in obtaining credit privileges:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_