

Credit Application

COMPANY: _____ DATE ESTABLISHED: _____

STREET ADDRESS: _____ MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: () _____ - _____ FAX: () _____ - _____ EMAIL: _____

CORPORATION: () PARTNERSHIP: () INDIVIDUAL: ()

<u>NAME OF PRINCIPAL(S):</u>	
1.	_____
2.	_____
3.	_____

<u>ADDRESS:</u>

<u>S.S.#:</u>
____ - ____ - ____
____ - ____ - ____
____ - ____ - ____

<u>DOB:</u>

BANK: _____ ACCOUNT #: _____ PHONE: () _____ - _____

ADDRESS: _____ BANK OFFICER NAME: _____

BUSINESS REFERENCES:

1.	_____	_____	_____	_____
	NAME	ADDRESS	PHONE	CONTACT
2.	_____	_____	_____	_____
	NAME	ADDRESS	PHONE	CONTACT
3.	_____	_____	_____	_____
	NAME	ADDRESS	PHONE	CONTACT

Mountain Temp Services