



Business Credit Application

Business Information

Registered Business Name:			
Trading / Store Name:			
Address:	City:	State:	Zip:
Phone #:	Fax #:		
Corporation: <input type="checkbox"/>	Partnership: <input type="checkbox"/>	Sole Proprietorship: <input type="checkbox"/>	
Corporation /UBI #:		Retail Sales Tax #:	
Business Bank:		Branch:	
Phone #:	City:	State:	Zip:
Contact / Banker:		Bank Account #:	

Owners / Officers

Name:	Title:	Email:	
Home Address:	City:	State:	Zip:
Home Phone #:	Mobile Phone #:	DOB:	
Personal Bank:	Branch:	Bank Phone #:	
Name:	Title:	Email:	
Home Address:	City:	State:	Zip:
Home Phone #:	Mobile Phone #:	DOB:	
Personal Bank:	Branch:	Bank Phone #:	

Trade / Vendor References

Company:	# of Years Doing Business With:		
Address:	City:	State:	Zip:
Phone #:	Fax#:	Email:	
Company:	# of Years Doing Business With:		
Address:	City:	State:	Zip:
Phone #:	Fax#:	Email:	
Company:	# of Years Doing Business With:		
Address:	City:	State:	Zip:
Phone #:	Fax#:	Email:	

As owner or officer of the business, the undersigned credit applicant recognizes that his or hers' individual credit history may be a factor in the evaluation and hereby authorizes Greenington the ability to use a consumer credit report agency to obtain information regarding credit worthiness. Furthermore the owners / officers are personally responsible for any and all financial obligations to Greenington and should the account become delinquent, said owners / officers are responsible for any additional cost of collections. **Electronic Signature Agreement.** By selecting the "I Accept" button, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement. By selecting "I Accept" you consent to be legally bound by this Agreement's terms and conditions.

Company:	Date:
I Accept: <input type="checkbox"/> Owner / Officer:	Title:

1.1.2015