

# Commercial Credit Application



PO Box 1982, Gilbert, AZ 85299  
Office/Cell: (602)570-2737 Fax: (480)-603-4138

## I. Individual

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Current residence Address: \_\_\_\_\_  
Phone(s): \_\_\_\_\_ Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_  
SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_  
Name & Phone of Current Landlord (if any): \_\_\_\_\_  
How long at this address? \_\_\_\_\_ If less than 3 years, list previous address(es), landlord(s), and phone(s): \_\_\_\_\_

Your Bank Name: \_\_\_\_\_  
Bank Address: \_\_\_\_\_  
Account Type:  Checking  Savings  Other: \_\_\_\_\_ Acct No: \_\_\_\_\_  
Account Type:  Checking  Savings  Other: \_\_\_\_\_ Acct No: \_\_\_\_\_  
Bank Officer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Your Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
If employed less than two years, please list previous employer:  
Previous Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Employer Address: \_\_\_\_\_

## II. Business:

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
EIN: \_\_\_\_\_  Individual  Corp  LLC  Partnership  Limited Partnership  Other: \_\_\_\_\_  
Current Business Address: \_\_\_\_\_  
Phone Numbers: \_\_\_\_\_  
DBA (or other operating name): \_\_\_\_\_  
Name & Phone of Current Landlord (if any): \_\_\_\_\_  
How long at this address? \_\_\_\_\_ If less than 3 years, list previous address(es), landlord(s), and phone(s): \_\_\_\_\_

Your Bank Name: \_\_\_\_\_  
Bank Address: \_\_\_\_\_  
Account Type:  Checking  Savings  Other: \_\_\_\_\_ Acct No: \_\_\_\_\_  
Account Type:  Checking  Savings  Other: \_\_\_\_\_ Acct No: \_\_\_\_\_  
Bank Officer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Please list at least two trade credit references, their phone numbers and your account numbers at those references:  
\_\_\_\_\_  
\_\_\_\_\_

***Your signature authorizes the recipient of this Application to obtain a credit report/background check on you and your business. It also authorizes any trade references to release information concerning your business relationship.***

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant Signature & Title (if any)

**If available, attach a financial statement (P&L, Balance Sheet, etc.) and/or an income/expense report for the person or company making this application.**