

**CONFIDENTIAL APPLICATION FOR CREDIT**

Legal Company Name: (In Full)		
Address:		
City/Town:	State:	Zip Code:
TEL #:	FAX #:	
WEB SITE:	EMAIL:	

EIN:	DUNS® #:
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**Ownership (Check one):** Sole Proprietorship  Partnership  Corporation  Other  Please Explain: \_\_\_\_\_

Type of Business:	Year Business Began:
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Number of Employees: Under 10  11 – 25  26-75  Over 75

Estimate Maximum Credit Required: \_\_\_\_\_

**INFORMATION CONCERNING THE PRINCIPAL OWNERS, PARTNERS, OFFICERS:** (please attach sheet if necessary)

<u>FULL LEGAL NAME</u>	<u>TITLE/POSITION</u>	<u>FULL STREET ADDRESS:</u>

Name of Bank:	Contact Person's Name:
Email Address:	Telephone #:

**LIST THREE FIRMS WE CAN CONTACT FOR CREDIT REFERENCES:** (please attach sheet if necessary)

<u>COMPANY NAME</u>	<u>FAX #</u>	<u>TELEPHONE #</u>	<u>EMAIL ADDRESS</u>

**The undersigned certifies that the above information is complete and correct and on behalf of the company:**

- 1. consents to CCI obtaining credit information about the company, and where necessary, its principals and for that purpose consents to any credit reporting agency/financial institution releasing information to CCI;**
- 2. agrees that if accepted as a credit account it will be bound by CCI's terms and conditions of sale as they may be from time to time. A copy of the current terms and conditions of sale will be made available to you.**

I have authority to bind the company.

Print your Name here: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Date: \_\_\_\_\_