



# Business Credit Application

**PLEASE COMPLETE SECTION 1. IF YOU HAVE A BANK/TRADE REFERENCE DOCUMENT, PLEASE ATTACH IT AND YOU WILL NOT NEED TO COMPLETE SECTION 2 & 3.**

**BUSINESS CONTACT INFORMATION** **SECTION 1**

Legal Business Name:		
Trade Name- DBA:		
Phone:	Fax:	Email:
Street address:		
City:	State:	ZIP Code:
Billing Address:	City/State:	Zip Code:
A/P Contact:	A/P Email:	A/P Phone:
Federal Tax ID#:	D & B#:	Year Started:
Business is a:    Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other <input type="checkbox"/>		
Are you a:    Subsidiary <input type="checkbox"/> Branch <input type="checkbox"/> Neither <input type="checkbox"/>		
Parent Co. Name:		Address:
City:	State:	Zip:

**BANK REFERENCES** **SECTION 2**

<b>Bank Name:</b>		Address:	
City & State:		Zip Code:	Phone:
Type of Account:		Account #:	Contact:
<b>Bank Name:</b>		Address:	
City & State:		Zip Code:	Phone:
Type of Account:		Account #:	Contact:

**BUSINESS/TRADE REFERENCES** **SECTION 3**

<b>Company name:</b>		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Type of account:		
Account Opened Since:	Credit Limit:	Balance:
<b>Company name:</b>		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Type of account:		
Account Opened Since:	Credit Limit:	Balance:
<b>Company name:</b>		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Type of account:		
Account Opened Since:	Credit Limit:	Balance:

**AGREEMENT**

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to ADC for which credit is being applied for to verify the information contained herein.

Signature \_\_\_\_\_

Date \_\_\_\_\_