



# Credit Application

*This information is for our records only.  
Please fill out form and fax to Plus IT Consulting at 209-465-4695  
or send via E-mail to [accounting@plusitconsulting.com](mailto:accounting@plusitconsulting.com)*

## Company Information

Business Name: \_\_\_\_\_ Tax I.D. Number: \_\_\_\_\_  
 Contact Name: last, first, middle initial \_\_\_\_\_ Type of Business: \_\_\_\_\_  
 Title: \_\_\_\_\_ In Business Since: \_\_\_\_\_  
 Address: Address, City, State, Zip Code \_\_\_\_\_ Legal Form Under Which Business Operates:  
 Business Phone Number: \_\_\_\_\_  Corporation  Partnership  Proprietorship  
 If Division/Subsidiary, Name of Parent Company: \_\_\_\_\_  
 Name of Company Principal Responsible for Business Transactions: Name and Title \_\_\_\_\_  
 Address: Address, City, State, Zip Code \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name of Company Principal Responsible for Business Transactions: Name and Title \_\_\_\_\_  
 Address: Address, City, State, Zip Code \_\_\_\_\_ Phone: \_\_\_\_\_

## Bank References

Bank Name: \_\_\_\_\_ Checking Account # \_\_\_\_\_  
 Address: Address, City, State, Zip Code \_\_\_\_\_ Phone: \_\_\_\_\_  
 Bank Name: \_\_\_\_\_ Savings Account # \_\_\_\_\_  
 Address: Address, City, State, Zip Code \_\_\_\_\_ Phone: \_\_\_\_\_  
 Bank Name: \_\_\_\_\_ Loan Type: \_\_\_\_\_ Balance: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## Trade References

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Account Opened Since: \_\_\_\_\_ Credit Limit: \_\_\_\_\_ Current Balance: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Account Opened Since: \_\_\_\_\_ Credit Limit: \_\_\_\_\_ Current Balance: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Account Opened Since: \_\_\_\_\_ Credit Limit: \_\_\_\_\_ Current Balance: \_\_\_\_\_

*I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the 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 the company for which credit is being applied for in order to verify the information contained herein.*

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

Thank You!  
We look forward to doing business with you.