



PLEASE FAX BACK TO (253) 286-5115

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Business Account [Credit Application]

COMPANY CONTACT INFORMATION

Business Name: _____

TAX ID: _____ UBI Number: _____

Email: _____ Phone: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Year Business Started: _____

Sole Proprietorship: ☐ LLC: ☐ Corporation: ☐ Other: ☐

CREDIT AND BUSINESS INFORMATION

Owner's Name (1): _____ Owner's Name (2): _____

Owner's Name (3): _____

How long at current address? _____ Years _____ Months

Number of years of business: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Gross Monthly Cash Flow: _____

PERSONAL GUARANTOR INFORMATION

Full Name: _____

Social Security Number: _____ Birth Date: _____

Drivers License Number: _____ Phone Number: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

How long at current address? _____ Years _____ Months

Monthly Gross Income: _____ Monthly Mortgage Payment: _____

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Signature: _____	Signature: _____
Name: _____	Name: _____
Title: _____	Title: _____
Date: _____	Date: _____