

Credit Application

Name/Address

Business of Corporate Name:		Date:	
Street Address:		Federal I.D. Number	
Mailing Address:			
City:	State:	ZIP:	Phone:
			Fax:

Bank References

Institution Name:		Contact:	
Account #:			
Address:			
Phone:		Fax:	

Company Information

Type of Business:		In Business Since:	
Legal Form Under Which Business Operates:			
Corporation		Partnership	Proprietorship
If Division/Subsidiary, Name of Parent Company:		In Business Since:	
Name of Company Principal Responsible for Business Transactions:		Title:	
Address:	City:	State:	ZIP: Phone:
Name of Company Principal Responsible for Business Transactions:		Title:	
Address:	City:	State:	ZIP: Phone:

Trade References

Company Name:	
Contact Name:	
Address:	
Phone:	Fax:
Company Name:	
Contact Name:	
Address:	
Phone:	Fax:
Company Name:	
Contact Name:	
Address:	
Phone:	Fax:

A/P Contact

Person our credit department should contact concerning payment questions:	
A/P Phone Number:	A/P Fax Number:
A/P E-Mail:	

chesapeake
SIGN
company^{INC}

10540 York Road
Suite E
Cockeysville, Md 21030
410-66-SIGNS (410-667-4467)
Fax: 410-667-4469

www.ChesapeakeSign.com
info@ChesapeakeSign.com

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

Print Name

Date