



2350 W. Vancouver
 Broken Arrow, OK 74012
 918-258-3581
 918-251-3799 (fax)

A. APPLICANT

Legal Business Name: _____
(List all Trade Names, DBA's; Divisions or Subsidiaries)
 Street Address: _____ City: _____ State: _____ Zip: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ E-Mail: _____
 Ship to Address: _____
 Estimated Annual Sales: _____ Person to contact about Account: _____
 Amount of Credit Requested: \$ _____ Type of Business _____ How Long in Business _____

B. BUSINESS INFORMATION

Sole Proprietorship _____ SS# _____
 Partnership Partner _____ SS# _____
 Partner _____ SS# _____
 Corporation/LLC President/Member _____ SS# _____
 Vice President/Member _____ SS# _____
 Secretary/Member _____ SS# _____

Federal Tax No. (if applicable) _____ Sales Tax Exemption Certificate Yes No (if yes, enclose signed certificate or copy)

C. BANKING INFORMATION

Bank _____ Branch _____ Phone _____
 Address _____ City _____ State _____ Zip _____
 Officer Contact _____ Acct. No. _____ Type of Acct. _____

I hereby authorize bank named above to release information requested for the purpose of obtaining and/or reviewing credit.

D. TRADE REFERENCES (Please fill out 3 references)

<u>Name</u>	<u>Contact</u>	<u>Address</u>	<u>Phone#</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

