

COMMERCIAL CREDIT APPLICATION

Business Name: _____ Phone Num: _____

Address: _____

City, State, Zip _____ Fax Num: _____

NO. of Years In Bus. _____

Under This Name _____ Reseller Num. _____ Duns Num: _____

Type of Company Individual/Sole proprietor Corporation Partnership Other

Credit Line Requested: _____

Payment Personally guaranteed? _____ Signature: _____

OWNERSHIP

Name of Owner _____ Phone: _____
Home Address _____

COMPANY OFFICERS

President: _____ Secretary: _____
Vice-President: _____ Treasurer: _____

TRADE REFERENCE

Company Name _____	Account Number _____
Address _____	Phone Number _____
City/State & Zip _____	Fax Number _____
Company Name _____	Account Number _____
Address _____	Phone Number _____
City/State & Zip _____	Fax Number _____
Company Name _____	Account Number _____
Address _____	Phone Number _____
City/State & Zip _____	Fax Number _____

BANK REFERENCE

Bank Name _____	Account Number _____
Address _____	Phone Number _____
City/State & Zip _____	Fax Number _____

All statements made herein are true and accurate to the best of my knowledge. We authorize Flag Crafters to make any and all inquiries necessary for action on this credit application. We hereby indemnify the above company and its agents, from any liability from their credit survey.

Officer Signature: _____ Date: _____