

70 WILLOW SPRINGS CIR. York, PA 17406-8428

P: 717-764-1106 FAX:717-764-1100 TF: 800-582-3693

EMAIL: INFO@FINISHINGSYSTEMS.COM www.finishingsystems.com

## **Credit Application**

How applied: Phone	In Person		Mail				
Line of Credit Requested \$ _			Date:				
Business Name	Phone						
Address(city)	)	(state) (zip code)		For past	years		
Shipping Address							
D/B/A		Federal Tax ID No					
Former Business Address (I	f Applicable)						
(Sec Code) Type of Business		Date Established		How Long in Business			
Sales Tax Exempt Status							
Ownership: Sole	e Proprietorship	Partner	ship	Corporation			
Principal:		(title)	(SS#)	(Home address)			
Principal:		(title)	(SS#)	(Home address)			
Principal:(name)		(title)	(SS#)	(Home address)			
TRADE REFERENCES (Names of suppliers of major products and services)							
count No. & Name	Address		Phone & Fax	Email			
	]						



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BANK REFERENCE	Checking Loan	Savings				
(bank)	(representative)	(address)	(acct#)			
(bank)	(representative)	(address)	(acct#)			
No. of employees	Est'd.Annual Sales \$	Sales Area				
	Principals ever been bankrupt? Y	′es				
Mortgage Holder/Landlor	d					
Address		Phone No				
Type of Credit Agreemen	t					
	nducement to grant credit warrants that the estigate the credit references listed in this (title)		and correct.  Sign and Date			
(name)	(title)	`				
	Personal Guara	antee				
In consideration of credit being extended by						
name		ss#				



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