

CREDIT APPLICATION
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Company Name: _____ () Corporation

DBA (if applicable): _____ () Proprietorship

Street Address: _____ () Partnership

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____ Accounting Contact: _____

Company Open Since: _____ Company FEIN # _____

OFFICERS, PARTNERS, OWNERS:
NAME

POSITION

HOW LONG?

NAME	POSITION	HOW LONG?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Bank Name: _____

City, State: _____ Phone #: _____

Checking Account #: _____ Loan #: _____

Account Officer(s): _____

Annual sales \$ _____

If less than 3 years in business Starting Capital \$ _____ D&B Acct. #: _____

Credit Line Requested \$ _____

BUSINESS REFERENCES • MOST ACTIVE CREDIT LAST 6 MONTHS • 6 REFERENCES MINIMUM

COMPANY NAME	CITY, STATE	PHONE # /FAX # /ACCOUNT #
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____

I hereby authorize our bank and business references listed above to release information to Comet Express, which is essential in establishing a line of credit.

(All information will be held in confidence and serve for credit purposes only.)

Authorized Signature: _____ Title: _____ Date _____

Office: Approved: _____ Denied: _____ Reason: _____ Initials _____