CREDIT APPLICATION FORM

NAME & ADDRESS:

Legal Company Name *(Please Type or Print):*			DBA:	
Mailing Address:				
City:	State:	Zip Code:	D&B No. :	D&B Rating:
Phone: ( ) Fax: ( ) Company eMail Address:	Purchasing Contact: Phone No:		Purchasing Contact eMail Address:	
	Accounts Payable Contact: Phone No:		Accounts Payable Contact eMail Address:	

COMPANY PROFILE:

No. Years In Business:	Annual Sales: $	No. Employees:	No. Locations:
ORGANIZATION	**- Corporation**	**- Partnership**	**- Proprietorship**
- IPO - Stock Symbol _____	**- Current Stock Price $_____**	**Website Address:_____**	
Officers/Principals	Owner: Hm Ph No.	President: Hm Ph No.	CFO: Hm Ph No.
- Taxable - Tax Exempt Resale No.:		Tax ID Number:	

Customer Classification:

- Reseller	- VAR	- System Builder	- Wholesale Distributor
- Major Corporation	- Small Business	- Local Government	- State Government
- Federal Government	- Educational	- End User	- To be determined

TRADE REFERENCES:

COMPANY NAME	CITY	STATE	PHONE NO.	CONTACT

BANK REFERENCE:

Name: City: State:	Phone: ( ) Contact:	Checking Acct#: Savings Acct#:	Loan#: Line of Credit#:

The undersigned certifies that all information in this credit application is complete, factual and correct, and understands the supplier will rely on the accuracy of this information for any credit that may be extended. Supplier is hereby expressly authorized to contact any parties listed herein and to verify any information contained in this credit application.

Requested Credit Line $_____

Authorized Signature_____ Title_____ Date _____

Tru-Balance, LLC
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