

Business Credit Application

AD EXCHANGE CUSTOMER

Name/Address

Last:	First:	Middle Initial:	Title
Name of Business:			Tax I.D. Number:
Address:			Amount Requested:
City:	State:	ZIP:	Phone:

Company Information

Type of Business:	In Business Since:
Legal Form Under Which Business Operates: <input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Other _____	
If Division/Subsidiary, Name of Parent Company:	In Business Since:
Name and Title of <u>Principal Responsible for Business Transactions</u> :	
Email Address:	
Phone:	Fax:
Name and Title of <u>Billing Contact</u> :	
Email Address:	
Phone:	Fax:

Bank Reference

Institution Name:	
Checking #:	
Address:	
Phone:	Email Address:

Trade References

Company Name:	Company Name:	Company Name:
Contact Name	Contact Name	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Email:	Email:	Email:
Credit Limit:	Credit Limit:	Credit Limit:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the ad exchange in order to verify the information contained herein.

Signature

Date