# BullBag Corporation CUSTOMER ACCOUNT/CREDIT APPLICATION

## **BUSINESS CREDIT APPLICATION**

## Name/Address

Last:	First:	Middle Initial:	Title	
Company Name:			Tax I.D. Number	
Address:				
City:	State/Province:	ZIP/Postal Code:	Phone:	

Type of Business:		In Business Since:		
Legal Form Under Which Business	Operates:			
State/Province/Country:	Corporation	Partnership	Proprietorship	Other
If Division/Subsidiary, Name of Pare	ent Company:		In Business Since:	
Name of Company Principal Respo	nsible for Business Transactio	ns:		Title:
Address: C	ity: S	State/Province:	ZIP:	Phone:
Name of Company Principal Respo	nsible for Business Transactio	ns:		Title:
Address: C	ity:	State/Province:	ZIP:	Phone:

### **Bank References**

Institution Name:	Institution Name:	Institution Name:	
Checking Account #:	Savings Account #:	Home Equity Loan:	Loan Balance:
Address:	Address:	Address:	
Contact Person :	Contact Person :	Contact Person :	
Phone:	Phone:	Phone:	

## **Trade References**

COMPANY NAME:	COMPANY NAME:	COMPANY NAME:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:

	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:
nancial Information		
Company Total Assets :	Company Total Liabilities: Annual Net	Amount of Credit Requested:
ncome:	Company Total Liabilities. Allitual Net	Amount of orealt requested.
lave you or your officers or affilia	tes ever filed a petition in bankruptcy? Yes No	•
s your company subject to any liti	igation? Yes No If so, describe:	
ne(s) & address(es) of	f principal(s) of llc/corporation/partners	hip or sole proprietorship
Name Re	esidential Address Home phone Ce	Il phone Title
		<del></del>
ersonal Guarantee		
hereby gu <del>arantee the pay</del> i	ment of such sums of money as are now, or at	
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Printed Name:	
Date signed:	
Witness Name:	
Witness Signature:	
Date witnessed:	