

Credit Information Form



Name/Address

Full Name: {%COMPANY_CONTACT%}	Title:			
Business Name (d.b.a): {%COMPANY%}	Tax I.D. Number:			
Billing Address: {%PADDRESS%} {%PADDRESS2%}				
City: {%PCITY%}	State: {%PSTATE%}	Zip: {%PZIP%}	Phone: {%CPHONE%}	Email: {%CEMAIL%}
Physical Address: {%CADDRESS%} {%CADDRESS2%} {%CCITY%} {%CSTATE%} {%CZIP%}				
At Premises Since:		Is Premises Leased:		

Company Information

In Business Since:	Legal Form Under Which Business Operates:
State/Country of Incorporation:	If Division/Subsidiary, Name of Parent Company:
Company Principal Responsible for Accounts Payable: {%PCONTACT%}	Title:
Pending Litigation:	

Bank Reference

Bank Name:	Checking Account #:	Date Account Opened:
Address:		Phone:

Trade References

Company Name 1:	Company Name 2:	Company Name 3:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Email:	Email:	Email:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

Applicant authorizes Secco Squared, LLC ("Secco Squared") to obtain one or more credit reports from any reporting agency and to obtain information regarding Applicant from any bank or creditor of Applicant, including, but not limited to, each of the credit references listed. Applicant further authorizes each of the banks or creditors to give to Secco Squared any and all necessary information that will aid Secco Squared in its initial credit investigation. Applicant further authorizes Secco Squared to reinvestigate credit status from time to time, as Secco Squared deems necessary. Secco Squared reserves the right to limit, terminate, or change the terms of any extension of credit to Applicant at its sole discretion. Applicant authorizes Secco Squared to act as a credit reference for Applicant by responding to inquiries from other creditors or potential creditors of Applicant regarding transactions or experiences with Applicant.

I hereby represent and warrant that the information contained herein is complete, accurate and not misleading in any way. 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 and collection. Any extension of credit is not guaranteed and maybe revoked at anytime. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to Secco Squared for which credit is being applied for in order to verify the information contained herein. All accounts are COD until a credit application has been completed, reviewed, and approved. If any indebtedness incurred pursuant to this request for credit is not paid in full within the terms assigned, the business and the undersigned agrees to pay all costs of collection, including reasonable attorneys fee plus interest at the maximum rate permitted by applicable law, until paid in full. The signatory hereby guarantees all payment of the listed business. Signing this agreement indicates your acceptance of the terms and conditions as stated.

Name and Signature of Authorized Representative
Title: Phone Number:

Date