

**TOTAL ANCILLARY**

# BUSINESS CREDIT APPLICATION

\_\_\_\_\_  
Company Name Address Phone Number

\_\_\_\_\_  
Billing Address Shipping Address

\_\_\_\_\_  
City State Zip City State Zip

\_\_\_\_\_  
Accounts Payable Contact Accounts Payable Phone Number & Fax Number

**Type of Ownership:** ☐ Corporation ☐ Partnership ☐ Sole Proprietor-Owner's Name: \_\_\_\_\_  
☐ Government ☐ Non-Profit **Years in Business** \_\_\_\_\_

In the previous 5 years, have you done business under another name? ☐ Yes ☐ No

If yes, please provide previous business name: \_\_\_\_\_

## BANK REFERENCE

\_\_\_\_\_  
Name Phone Number Fax Number

Account Number: \_\_\_\_\_ Contact: \_\_\_\_\_

## OPEN ACCOUNT REFERENCES

1. \_\_\_\_\_  
Name Phone Number Fax Number

\_\_\_\_\_  
Address City State Zip

2. \_\_\_\_\_  
Name Phone Number Fax Number

\_\_\_\_\_  
Address City State Zip

3. \_\_\_\_\_  
Name Phone Number Fax Number

\_\_\_\_\_  
Address City State Zip

Dun & Bradstreet Number: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**INTER-OFFICE USE ONLY**

Date: \_\_\_\_\_

Credit Limit: \_\_\_\_\_

Approved by: \_\_\_\_\_

**SUBMIT WEEKLY TO SALES@TOTALANCILLARY.COM OR FAX TO 800.630.8490**