



TOLL FREE FAX | 1-866-395-4774
Credit Application for a Business Account

BUSINESS CONTACT INFORMATION

Title:

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State/Prov:

ZIP/PostalCode:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State/Prov:

ZIP/PostalCode:

How long at current address?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State/Prov:

ZIP/PostalCode:

Type of account

Account number

Savings

Checking

Other

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State/Prov:

ZIP/PostalCode:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State/Prov:

ZIP/PostalCode:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State/Prov:

ZIP/PostalCode:

Phone:

Fax:

E-mail:

Type of account:

APPLICANT AUTHORIZES GECO FINANCIAL SERVICES AND/OR ITS AGENTS ACCESS TO ALL TRADE REFERENCES OR CREDIT REPORTING AGENCIES.

Date:

Signature: