



Credit Application

CONTACT INFORMATION

Title:	Date business commenced:
Legal Name of Business:	
DBA:	<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other
Phone/Fax:	
E-mail:	
Registered company address: City, State ZIP Code	

BUSINESS/TRADE INFORMATION

Bank name:	
Primary business address: City, State ZIP Code	
Phone:	Fax:
E-mail:	
Account number:	Type of account: <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES

Company name:		Phone:
Address:		Fax:
City, State Zip Code		Email:
Company name:		Phone:
Address:		Fax:
City, State Zip Code		Email:
Company name:		Phone:
Address:		Fax:
City, State Zip Code		Email:

AGREEMENT

By submitting this application, you authorize Tee Styled to make inquires into the banking and buisness/trade references that you have supplied.

SIGNATURES

Signature:		Signature:
Name and Title:		Name and Title:
Date:		Date:

Please complete form in its entirety and attach financial statement, if available.