

Sterling Tree Studio

CREDIT APPLICATION

LEGAL COMPANY NAME: _____

TRADESTYLE (S): _____

MAILING ADDRESS: _____ PHYSICAL ADDRESS: _____

PHONE: _____ FAX: _____ Email: _____

PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION _____

YEARS IN BUSINESS: _____ NEW BUSINESS _____ DATE STARTED: _____

OWNER'S NAME(S): _____ MANAGER/CONTACT: _____

ACCOUNTS PAYABLE: _____

ARE PRINCIPALS ASSOCIATED WITH ANY OTHER BUSINESS (NAME): _____

ARE PRINCIPALS ASSOCIATED WITH ANY OTHER PRIOR BUSINESS (NAME): _____

CURRENT FINANCIAL STATEMENTS ATTACHED: YES _____ NO _____

CURRENT FINANCIAL STATEMENTS AVAILABLE: YES _____ NO _____

GIVE NAME AND RATING OF ANY CREDIT REPORTING AGENCY OF WHICH YOU ARE LISTED:

REFERENCES WITH WHOM YOU HAVE OPEN CREDIT TERMS:

(FULL NAME, ADDRESS, CONTACT, PHONE NUMBER, FAX & EMAIL - VERY IMPORTANT)

1. _____

2. _____

3. _____

4. _____

5. _____

**** PLEASE COMPLETE THIS FORM IN FULL TO EXPEDITE CREDIT APPROVAL ****