



1909 E. RAY RD. #9281 CHANDLER, AZ 95225 USA PHONE: 1-909-581-4288

# Business Credit Application

**Name/Address**

Last:	First:	Middle Initial:	Title
Name of Business:			Tax I.D. Number or SS#
Address:			
City:	State:	ZIP:	Phone:

**Company Information (If applicable)**

Type of Business:		In Business Since:		
Legal Form Under Which Business Operates:				
Corporation		Partnership		Proprietorship
If Division/Subsidiary, Name of Parent Company:			In Business Since:	
Name of Company Principal Responsible for Business Transactions:			Title:	
Address:	City:	State:	ZIP:	Phone:
Name of Company Principal Responsible for Business Transactions:			Title:	
Address:	City:	State:	ZIP:	Phone:

I hereby certify that the information contained herein is complete and accurate. 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. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

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YOUR INITIALS

BY CHECKING THIS BOX AND TYPING YOUR INITIALS YOU ARE SIGNING THIS CONTRACT.

PLEASE FILL OUT THIS FORM COMPLETELY AND EMAIL IT BACK [A1@PROTHINGS.COM](mailto:A1@PROTHINGS.COM)