

1207 Broad St., St. Joseph, MI 49085

CREDIT APPLICATION

(PLEASE PRINT ALL INFORMATION)

Full Name of Firm	Telephone Number					
Street Address	City			State	Zip	
Person to Contact	Email A	ddress	······································			
Type of Organization (check one)	Corporation	Partnership Propri		Propriet	orship	
Type of Business (check one)	Wholesale	Retail	Indus	trial		
Date Business Started						
1. Bank Reference:						
Bank Name:	Branch:					
Address:	City:			State:	Zip:	
Bank Contact:	Phone: _		En	nail:		
2. Trade Reference (supplier):						
Name:						
Address:	City:			State:	Zip:	
Contact:	Phone:		Em	ail:		
3. Trade Reference (supplier):						
Name:						
Address:	City:			_State:	Zip:	
Contact:	Phone: _		Em	ail:		
Prepared by:			Da	nte:		
FOR CREDIT DEPA	ARTMENT USE	(Do not v	write bel	ow this lir	ne)	
Approved/Rejected by:	Credit Limit:			ACCT. #		
Remarks:						