

Legal Name \_\_\_\_\_ DBA \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Street Address \_\_\_\_\_ Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Form of ownership: ☐ LLC ☐ Proprietorship ☐ Partnership ☐ Corporation ☐ Non-Profit

Tax ID # \_\_\_\_\_ State \_\_\_\_\_ Annual Sales Volume \_\_\_\_\_

Credit Limit Requested \_\_\_\_\_  
(expected monthly volume) \_\_\_\_\_ Year Business Started \_\_\_\_\_ No. of Employees \_\_\_\_\_

Purchasing Agent \_\_\_\_\_ Is Purchase Order Required? ☐ Yes ☐ No

Accounts Payable Contact \_\_\_\_\_

Principal Owner or Officers Personal Information:

Officer Name	_____				Title	_____					
Home Address	_____		City	_____		State	_____	Zip	_____	Home Phone	_____
Officer Name	_____				Title	_____					
Home Address	_____		City	_____		State	_____	Zip	_____	Home Phone	_____

Principal Bank \_\_\_\_\_ Account # \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Business References**

Attach business references of three (3) of your current vendors. Include name, address, city, state, zip, phone/fax and account #.

*I/we understand that the above information is confidential and submitted for the purpose of opening a credit line. I/we certify that the information provided is accurate and agree to the payment terms of Net 15 days to start. I/we understand that the payments terms will be modified to Net 30 days only after a few transactions. I/we understand that delinquent accounts will incur a monthly finance charge of 2.5% (30% annualized). I/we also understand that the undersigned signature also serves as authorization for any bank or trade reference listed above to release credit information or for Smart Resolution, Inc. to run any necessary credit report in order to establish credit. In the event of litigation, I further agree to pay reasonable collection costs and attorney's fees incurred.*

***This application must be completed entirely and signed to be processed.***

Date \_\_\_\_\_ Authorized Signature \_\_\_\_\_

Title \_\_\_\_\_ Print Name \_\_\_\_\_

For office use only:

Credit Limit Approved \_\_\_\_\_ Acct # \_\_\_\_\_ Date \_\_\_\_\_

**BANK RELEASE AUTHORIZATION**

To whom it may concern:

I hereby authorize \_\_\_\_\_ (bank's name) to release  
information on \_\_\_\_\_ (company's name) for the purpose of  
trying to obtain credit with Smart Resolution, Inc.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title