



164 NW Industrial Ct, Bridgeton, MO 63044 Fax: 314-209-1716 Ph:314-209-7333

BUSINESS CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Trade Name:

Legal name:

Phone:

Fax:

E-mail:

Billing address:

City:

State:

ZIP Code:

Years in Business:

Corporation:_____

LLC:_____

Partnership:_____

Sole Owner: _____

BUSINESS AND CREDIT INFORMATION

City:

State:

ZIP Code:

Principal Owner Name:

FEIN TAX ID:

Has the company (or any owners) filed bankruptcy in the last 7 years? _____YES _____NO

Accounts Payable Contact Person:

A/P Phone:

Bank Reference Name:

Officer:

Phone:

Account Number:

Expected Monthly Credit Requirement from Corporate Billing:_____

BUSINESS/TRADE REFERENCES

Company Name:

Contact:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Account Number:

Company Name:

Contact:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Account Number:

Company Name:

Contact:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Account Number:

AGREEMENT

- 1. By submitting this application, you authorize Express 2000 to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURE(S)

Date:

IN HOUSE ONLY

Credit Limit Approved for: _____