



**170 GREGG STREET UNIT 3**  
**LODI, NJ 07644**  
**201-368-2632 FAX 201-368-1068**  
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## Business Credit Application

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

Company Information			
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:	

Bank References			
Institution Name:		Institution Name:	Institution Name:
Checking Account #:	Savings Account #:	Home Equity Loan:	Loan Balance:
Address:		Address:	Address:
Phone:		Phone:	Phone:

Trade References		
Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:

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.

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date