

Business Credit Application

Credit application for services provided by Gibson's Repair, Edwardsville, IL 62025 - 618-656-3733

Name/Address

Last:	First:	Middle Initial:	Title:
Name of business:		Sales tax exempt ID:	
Address:			
City:	State:	ZIP:	Phone:

Company Information

Type of business:	In business since:		
Legal form of business:	Corporation	Partnership	Proprietorship
If division/subsidiary, name of parent company:	In business since:		
Name of company principle responsible for business transactions:	Title:		
Address:	City:	ZIP:	Phone:
Number of individual units managed:			

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account open since:	Account open since:	Account open since:
Credit limit:	Credit limit:	Credit limit:
Current balance:	Current balance:	Current balance:

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. I also certify that all invoices will be paid as outlined once credit is approved.

Signature

Date

Please fax to 618-692-4550 or mail to Gibson's Repair, 455 Cass Ave, Edwardsville, IL 62025