

Credit Application Form



Tinker With It LLC 11774 Bob's Ln St. George, KS 66535 785-844-1479 www.tinkerwithit.com
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Submit Completed form to brians@tinkerwithit.com

Date:

Applicant Information

Business Name:			
Business Address:			
Phone & Fax		Email & Website:	

Business Information

Type of Business:			
Years in Business:		Number of Employees:	
Annual Sales:	\$	Tax ID Number:	
Business Structure:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship
	<input type="checkbox"/> LLC	<input type="checkbox"/> Other:	

Owner/Principal Information

Name:			
Title:		Phone & Email	

Name:			
Title:		Phone & Email	

Credit Application Form

Bank References

Bank Name 1:			
Business Address:			
Contact Person:		Phone	
Account Number:			

Trade References

Company Name:			
Business Address:			
Contact Person:		Phone & Email:	
Account Number:			

Company Name:			
Business Address:			
Contact Person:		Phone & Email:	
Account Number:			

Company Name:			
Business Address:			
Contact Person:		Phone & Email:	
Account Number:			

Credit Requested

- Amount of Credit Requested: \$ _____
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Credit Application Form

Agreement

The undersigned represents that all information provided in this credit application is true and complete. The undersigned authorizes Tinker With It LLC to make inquiries into the banking and business/trade references supplied.

Authorized Signature: _____

Name (Printed): _____

Title: _____

Date: _____
