



Credit Application

Credit Line Requested _____

Company Name _____

Years in Business _____

Years at this Location _____

Street Address _____

Telephone _____

City Code _____

State _____

ZIP _____

Fax _____

Billing Address _____

Email _____

City Code _____

State _____

ZIP _____

Website _____

Type of Business (check one):

Proprietorship

Partnership

Corporation (State Incorporated _____)

Federal Tax I.D. Number _____

Resale Number (if applicable): _____

OFFICERS & PRINCIPALS

Name _____

Title _____

Address _____

Telephone _____

S.S. Number _____

Name _____

Title _____

Address _____

Telephone _____

S.S. Number _____

Trade References must be filled out by an officer of that company or someone specifically authorized in accounting

BANK & INDUSTRY TRADE REFERENCES

Name of Bank _____

Address _____

AccountNumber _____

Contact Name _____

Fax Number _____

Trade Reference _____

Address _____

AccountNumber _____

Contact Name _____

Fax Number _____

Trade Reference _____

Address _____

AccountNumber _____

Contact Name _____

Fax Number _____

Trade Reference _____

Address _____

AccountNumber _____

Contact Name _____

Fax Number _____

The information contained herein is being provided for the purpose of obtaining an account and/or establishing credit with Environmental Office Solutions, Inc. (EOS) It is understood that EOS can discontinue or deny credit at any time at their discretion, and hereby authorize and direct EOS to contact the above references and further authorize their release of essential credit information for this purpose.

Signature of Applicant _____

Title _____

Date _____