

please return completed form to:

2782 Corbin, Melvindale, MI 48122

fax number (313)386-2530

Credit Application Form

	C	on	<mark>npany l</mark>	I <mark>nformation</mark>											
Legal Business Name						Pho	one								
Address			Alt Phone												
City	Stat	te		Zip		Fax	K								
Type of Business (circle one) Corporat	Type of Business (circle one) Corporation Sole-Proprietorship Partnership LLC														
	Com	ıpa	ny Ow	ners / Offic	ers										
Name		_		Title											
Name	Title														
Name															
Name Title															
Banking Information															
Bank Name		Contact													
Address	Phone														
City	State					Fax									
	-			ting Number										1	
Miscellaneous Information Federal ID #			Acco	ount Number	•									<u></u>	
Proprietor's SSN				eration of credit be less of any kind, ov											
DUNS Account #				that this guarantee is an absolute and continuing one, and is a guarantee of payment. Neither bankruptcy nor any other similar proceding of such firm shall impair or affect my obligations											
DUNS Rating				under this guarantee. X											
Signature Required for Processing															
Reference #1						Ref	fe re	nce #	2						
Name		Name													
Address	Address														
City, St, Zip	City, St, Zip														
Phone	Phone														
Account Number	Account Number														
Reference #3	Reference #4														
Name	Name														
Address				Address											
City, St, Zip	City, St, Zip														
Phone	Phone														
Account Number	Account Number														
Provide Decreation Co. 12				D 13											
Branch Requesting Credit	Requested 1	by													