



CREDIT APPLICATION

Date: _____

Client Name _____ Representative Jan King

Accounts are factored by The CIT Group/Commercial Services, Inc.; P.O. Box 31307 • Charlotte, NC 28231-1307
Phone 704-339-2989 • Fax 704-339-2238

Legal Business Name _____ DBA _____

Street Address _____ Billing Address _____

City _____ State _____ Zip _____

Corporation Type: C Corporation
 LLC Corp. S Corporation
 Partnership Proprietorship

Phone # _____ Fax # _____

State of Incorporation _____
Year Business Organized _____

Email: _____

Principal/Owner's Name	Position	Social Security Number

NAME OF SUPPLIERS

Name	Account#	Street Address		
Telephone #	Fax#	City	State	Zip
Name	Account#	Street Address		
Telephone #	Fax#	City	State	Zip
Name	Account#	Street Address		
Telephone #	Fax#	City	State	Zip
Name	Account#	Street Address		
Telephone #	Fax#	City	State	Zip

NAME OF BANK(S)/FACTOR(S)

Name	Account #	Street Address		
Telephone #	Fax#	City	State	Zip
Name	Account#	Street Address		
Telephone #	Fax#	City	State	Zip
Name	Account#	Street Address		
Telephone #	Fax#	City	State	Zip

The Applicant and the undersigned officers and/or owners represents that the information contained in this application is true and accurate. The terms of this credit application shall apply to any credit extended by The CIT Group / Commercial Services, Inc. and any of its subsidiaries, divisions and affiliates existing now or in the future, including any successors (collectively, "CIT"). Permission is granted for CIT and its agents to make such inquires from sources they deem appropriate regarding the Applicant's creditworthiness, including but not limited to those references identified in this application. Applicant will give advance notice to CIT of any change in its ownership or business structure. Notice is to be given by certified mail, return receipt requested, to The CIT Group / Commercial Services, Inc. If CIT places any past due obligation with an attorney for collection, the Applicant shall reimburse CIT for its reasonable attorney's fees and any other expenses of collection.

Principal's Signature (Responsible for Operations) _____

Principal's Name & Title (Please Print) Date _____

Principal's Signature (Responsible for Operations) _____

Principal's Name & Title (Please Print) Date _____