



13135 Old Glenn Highway, Suite 210, Eagle River, AK 99577 • Phone: (907) 696-6200 • FAX: (907) 696-6202

CREDIT APPLICATION

COMPANY INFORMATION:

Line of Credit Requested: \$ _____ Date: _____

Business Name: _____

Phone: _____ Fax: _____ Date Established: _____

Type of Product or Service: _____

Billing Address: _____ For past _____ years

D/B/A: _____ Federal Tax I.D.: _____

Former Business Address (if applicable): _____

Ownership: Corporation Partnership Sole Proprietor

Principal: _____
(Name) (Title) (SSN)

(Home Address)

Principal: _____
(Name) (Title) (SSN)

(Home Address)

Accounting Contact Person(s): _____

Accounting Contact Number: _____ Accounting Fax Number: _____

Do you require: Purchase Orders: Job Names/Numbers: Authorized Signers: (Provide list if required)

TRADE REFERENCES:

Trade Reference: _____
(Name) (Acct. Number) (Phone) (Fax)

Trade Reference: _____
(Name) (Acct. Number) (Phone) (Fax)

Trade Reference: _____
(Name) (Acct. Number) (Phone) (Fax)

