



COMMERCIAL CREDIT APPLICATION

Date- _____

(PLEASE PRINT)

Business Name _____ **Date Established** _____

DBA if Different _____

Street Address _____

City, State, Zip _____

Phone # _____ Fax # _____

D & B # _____ Parent D & B# _____ D & B Rated _____

Internet Address _____

BANK REFERENCE

Bank Name and Branch _____

Street Address _____

City, State, Zip _____

Phone # _____ Fax # _____

Contact Name _____

List All Account #s _____

THREE MAIN SUPPLIERS

Company Name _____

Street Address _____

City, State, Zip _____

Phone # _____ Fax # _____

Contact Person _____

Company Name _____

Street Address _____

City, State, Zip _____

Phone # _____ Fax # _____

Contact Person _____

Company Name _____

Street Address _____

City, State, Zip _____

Phone # _____ Fax # _____

Contact Person _____

THIS MUST BE SIGNED

I authorize the release of any and all credit/banking information as required by and to Best Call Computer Supply, Inc. We further acknowledge that credit privileges, if granted, may be withdrawn at any time and certify the above information to be true.

Signature and Title _____ **Date** _____

Signature of Owner / Corporate Officer / Date