

Credit Application

Business Name: _____ **Web Site:** _____

Phone: _____ **Fax:** _____

Address: _____ **For:** _____ years
Street City State ZIP Code

Billing Address: _____
Street City State ZIP Code

Previous Address: _____
Street City State ZIP Code

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

Parent Company: _____ **#Locations:** _____

Address: _____
Street City State ZIP Code

Subsidiaries/Affiliates: _____

Type of Business: _____ **Date Established:** _____

Does State/County/City require a License? Yes No **If Yes, License #:** _____

Company Status: Sole Proprietorship Partnership Corporation LLC LLP

Principle: _____
Name Title SS# Home Address

Principle: _____
Name Title SS# Home Address

Trade References: (Name suppliers of major products and services)

NAME

ADDRESS/PHONE

NAME	ADDRESS/PHONE

Bank References: Checking Loan Savings

Name Address Account # Contact

Name Address Account # Contact

No. Employees: _____ Est. Annual Sales \$: _____ Sales Territory: _____

Has the firm or any of its Principals ever been bankrupt? Yes No

If yes, explain: _____

Person to Contact About Account: _____

(_____) _____ Name _____ Title _____
Phone _____ E-mail address _____

Personal Credit Release

By signing this application, I authorize Copeland Fireworks or its agency to investigate my personal credit and financial records. As part of such investigation, I authorize Copeland Fireworks to request and obtain consumer credit reports on me in connection with the opening, monitoring, renewal and extension of this and other accounts with Copeland Fireworks and the marketing of other products and services to me and my business by Copeland Fireworks. I further authorize Copeland Fireworks to share the information received from my consumer credit report with Copeland Fireworks subsidiaries and affiliates. If I request, you will tell me whether my consumer credit report was requested and if so the name and address of the consumer credit agency that furnished the report.

Any misrepresentation in this application will be considered evidence of a fraud, since this information is the basis of the granting of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references listed.

Print Name Title Print Name Title

Signature Date Signature Date

Office Use Only

Line of Credit Requested \$: _____ Present Balance \$: _____ As of: _____
Date

Approved by: _____ Date: _____