

ACCOUNT APPLICATION

Business or Corporate Name:		Application Date:	
Federal Taxpayer ID:		Number of Employees:	Monthly Credit Needed:
Business Address:		City:	State: Zip:
Billing Address (if different):		City:	State: Zip:
Business Phone:		Business Fax:	
Main Contact:		Accounts Payable Contact:	
Year Established:	Type of Business: <input type="checkbox"/> Inc. <input type="checkbox"/> Partnership <input type="checkbox"/> Other: _____		

OWNERS

Name:	Title:	Social Security Number:	
Home Address:	City:	State:	Zip:
Cell #:	Email:		

BANK OR SAVINGS & LOANS ASSOCIATION

Name:			
Branch Address:	City:	State:	Zip:
Account #:	Phone #:	Contact Name:	
Name:	City:	State:	Zip:
Branch Address:			
Account #:	Phone #:	Contact Name:	

TRADE REFERENCES (At least 3x Creditors. No Credit Cards)

Name:	Acct #:		
Address:	City:	State:	Zip:
Phone #:	Fax:	Contact Name:	
Name:	Acct #:		
Address:	City:	State:	Zip:
Phone #:	Fax:	Contact Name:	
Name:	Acct #:		
Address:	City:	State:	Zip:
Phone #:	Fax:	Contact Name:	

Has Applicant or any of it's owners, principles, partners, officers or directors ever filed for bankruptcy, been adjudged bankrupt or made an assignment for the benefit of creditors? NO YES (If yes, please attached a detailed explanation)

For the purpose of establishing a credit line with Geronimo Creek, Inc., I herewith authorize the above named Bank and Trade References to furnish the requested account/credit information.

Authorized By (Name):	Title:
Signature:	Date:



GERONIMO CREEK

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+1 (818) 296-9401 office

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