

CREDIT APPLICATION



Company Name	Phone Number	Fax Number
Address	Federal Tax ID Number	Website
City/State/Zip	Account Payable Contact	Email
Structure (CHECK ONE): <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC Year Established/Incorporated: _____		

Owner/Shareholder Information: (THIS SECTION MUST BE COMPLETED)

Name	Social Security Number	Title	% Ownership
Name	Social Security Number	Title	% Ownership

REFERECNCES

Bank:

Bank Name	Account Number	Contact
Address	Phone Number	Fax Number
City/State/Zip	Banker email, if available	

Trade:

1 Company Name	Contact	Email
Address	Phone Number	Fax Number
2 Company Name	Contact	Email
Address	Phone Number	Fax Number
3 Company Name	Contact	Email
Address	Phone Number	Fax Number

Authorized Signature	Print Name / Title	Date
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By signing this application, the applicant authorizes Vista International to contact all parties named above. Vista International will hold all information given and received on this application in strict confidence.