

Bill Polkinhorn, Inc.
CREDIT APPLICATION

APPLICANT INFORMATION

Customer Name:

Customer No:

Fed ID No:

Date:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

Contact:

Title:

BANK INFORMATION

Bank Name:

Branch:

Account No:

Phone:

Address:

City:

State:

ZIP Code:

TRADE REFERENCE

Company Name:

Address:

City:

State:

ZIP Code:

Contact:

Phone:

Fax:

Company Name:

Address:

City:

State:

ZIP Code:

Contact:

Phone:

Fax:

Company Name:

Address:

City:

State:

ZIP Code:

Contact:

Phone:

Fax:

Company Name:

Address:

City:

State:

ZIP Code:

Contact:

Phone:

Fax: