

CREDIT APPLICATION FOR BUSINESS ACCOUNT

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BUSINESS CONTACT INFORMATION

Company Name:

Contact:

Phone:

Email:

Street Address:

City:

State:

ZIP:

Business operates as:

Sole Proprietorship

Partnership

Corporation

LLC

CREDIT INFORMATION

Bank Name:

Street Address:

Phone:

City:

State:

ZIP:

Type of account and account number (only one is necessary):

Checking:

Savings:

BUSINESS/TRADE REFERENCES

1. Company Name:

Street Address:

City:

State:

ZIP:

Contact:

Phone:

Email:

2. Company Name:

Street Address:

City:

State:

ZIP:

Contact:

Phone:

Email:

3. Company Name:

Street Address:

City:

State:

ZIP:

Contact:

Phone:

Email:

SIGNATURE

Title:

Date:

You may type your full name as a signature.

Please fill in, save as PDF using your company name, and email to info@cartell.com