



REQUEST FOR CREDIT INFORMATION

Application is hereby made for the extension of credit

Business Information

NAME _____ PHONE# _____

STREET _____

CITY, STATE, ZIP _____

D&B#: _____ TAX ID: _____

REQUESTED LIMIT: _____ AFINETY REP: _____

Form of Business (check applicable option)

PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION _____ OTHER _____

SS# Of OWNER (if other than Corporation): _____

OWNERS' NAMES: _____

LENGTH OF TIME COMPANY HAS BEEN IN BUSINESS: _____

Payables

PERSON TO CONTACT: _____ TITLE: _____ PHONE: _____

BANK REFERENCE: _____

BANK NAME: _____ BRANCH: _____ ADDRESS: _____

BANK CONTACT: _____ TITLE: _____ PHONE: _____

BANK ACCOUNT NO.: _____ D&B #: _____

Trade References (Minimum of 2 is requested)

VENDOR NAME	ADDRESS	PHONE NUMBER
A	_____	_____
B	_____	_____
C	_____	_____

THIS IS NOT A PERSONAL GUARANTEE:

I hereby represent that I am authorized to submit this application on behalf of the company named above, that the information provided is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize Afinety, Inc. to investigate the references listed pertaining to our credit and financial responsibility. I/we further represent that the company applying for credit has the financial ability and willingness to pay all invoices within established terms.

BY: _____ TITLE: _____ DATE: _____

BY: _____ TITLE: _____ DATE: _____