



PO Box 598 Bangor, ME 04402-0598
Ph: (207) 945-6431 / (800) 256-6808 Fax: (207) 862-5607

Credit Application

Business Name _____ Line of Credit Requested \$ _____

Phone (_____) _____ Fax (_____) _____

Address _____ For Past _____ years

Shipping Address _____

D/B/A _____ Federal Tax ID# _____

Former Business Address (if applicable) _____

Type of Business _____ Date Established _____ How long in Business _____

Mortgage holder/Landlord _____

Address _____ Phone # _____

Does State, County, or City require a License? Yes No If Yes, License # _____

Resale # _____
(Please send copy of Resale Certificate)

Do you use a purchase order number? Yes No

OWNERSHIP: Sole Proprietorship Partnership Corporation

PRINCIPAL:

(NAME) (Title) (SS#)

PRINCIPAL:

(NAME) (Title) (SS#)

PRINCIPAL:

(NAME) (Title) (SS#)

PRINCIPAL:

(NAME) (Title) (SS#)

TRADE REFERENCES:

NAME	ADDRESS/PHONE#

