

COMMERCIAL CREDIT APPLICATION

DATE \_\_\_\_\_ APPLICATION ADDRESS \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_  
(if different from application address) ADDRESS CITY STATE ZIP

BUSINESS PHONE#: \_\_\_\_\_ BUSINESS FAX#: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ CONTACT #: \_\_\_\_\_

NAME OF PERSON COMPLETING APPLICATION \_\_\_\_\_

LANDLORD \_\_\_\_\_  
(for application address) (NAME) (ADDRESS & CITY) (PHONE #)

REFUND OF DEPOSIT (for Property Owners only): (check one) \_\_\_\_\_ REFUND BY CHECK \_\_\_\_\_ CREDIT ACCOUNT