



CREDIT APPLICATION

LINE OF CREDIT REQUESTED \$ _____

FIRM NAME _____

PHONE _____

MAILING ADDRESS _____

FAX _____

CITY, STATE _____

ZIP _____

SHIPPING ADDRESS _____

COUNTY _____

CITY, STATE _____

ZIP _____

TYPE OF OWNERSHIP:

_____ Corporation _____ Subsidiary _____ D&B Rating _____ Partnership _____ Individual

SOC. SECURITY NUMBER _____

(Required for Partnership/Individual)

TYPE OF BUSINESS _____

NO.OF YEARS IN BUSINESS _____

TAX EXEMPT # _____

(Tax Certificate Required)

BUSINESS REFERENCES (Firms now extending credit)

1. NAME _____

PHONE _____

ADDRESS _____

FAX # _____

2. NAME _____

PHONE _____

ADDRESS _____

FAX # _____

3. NAME _____

PHONE _____

ADDRESS _____

FAX # _____

BANKING INFORMATION

BANK NAME _____

PHONE _____

ADDRESS _____

ACCT. # (s) _____

AUTHORIZED BUYERS OR PURCHASERS

1. NAME _____

EMAIL _____

2. NAME _____

EMAIL _____

3. NAME _____

EMAIL _____

CREDIT RELEASE

I hereby authorize Financial Institutions, Trade References, and Credit Bureaus to release all information related to our credit standing to The Sharpe Company and Sharpe Images Inc.

Signature _____

Date _____