

# Application for Credit

## Business Contact Information

Name:		Title:	
Company Name:			
Phone:	Fax:	Email:	
Registered Company Address:			
City:	State	ZIP Code:	
Date Business Commenced:			
Type of Business	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship
	<input type="checkbox"/> Other: Define		

## Business and Credit Information

Primary Business Address:			
City:	State:	ZIP Code:	
How Long at Current Address:			
Phone:	Fax:	Email:	
Bank Name:	Contact Name:		
Bank Address:	Phone:		
City:	State:	ZIP Code:	
Type of Account:	<input type="checkbox"/> Savings	Account Number:	
	<input type="checkbox"/> Checking	Account Number:	
	<input type="checkbox"/> Other	Account Number:	

## Business/Trade References

<b>Reference #1 Company Name:</b>			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	Email:	
Type of Business:			

<b>Reference #2 Company Name:</b>			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	Email:	
Type of Business:			

<b>Reference #3 Company Name:</b>			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	Email:	
Type of Business:			



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