

REDCOM Credit Application

Return this form by email to ar@redcom.com

Credit Line Requested: _____ Date: _____

BUSINESS INFORMATION

Legal Business Name: _____ D-U-N-S Number _____

Contact: _____ Title: _____

Street Address: _____

City: _____ State/Province: _____ Zip/Postal: _____

Country: _____ Email: _____ Phone: _____

Type of Business: Corporation Partnership Sole Proprietorship Non-Profit LLC Other

Status of Business: New Established Number of Years: _____

Owner/Principal Name: _____ Social Security or EIN: _____

Street (home address): _____ City, State, Zip: _____

Owner/Principal Name: _____ Social Security or EIN: _____

Street (home address): _____ City, State, Zip: _____

Do any unsatisfied judgments exist? Yes No

If yes, explain: _____

Have you ever filed Bankruptcy? Yes No

If yes, explain: _____

BANK AND TRADE RELATIONS

Primary Bank: _____ Branch: _____ Phone: _____

Bank Officer: _____ Account #: _____

Email: _____

Other Bank: _____ Branch: _____ Phone: _____

Bank Officer: _____ Account #: _____

Email: _____

TRADE REFERENCES

Company: _____ Phone: _____

Contact: _____ Email: _____

Company: _____ Phone: _____

Contact: _____ Email: _____

Company: _____ Phone: _____

Contact: _____ Email: _____

Signature: _____ Date: _____ Title: _____



WWW.REDCOM.COM