



Business Credit Application

Company Name	Type of Business	Phone Number	Fax Number
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Billing Address	Shipping Address
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City	State	Zip	City	State	Zip
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Type of Ownership: Corporation Partnership Sole Proprietor Government Non-Profit

Tax ID Number: _____ Years in Business: _____ Tax Exempt? Yes No
 (If yes, please include resale certificate with application)

Parent company names: _____

Address	Fax Number
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City	State	Zip
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Bank References

1 _____
 Name Phone Number Fax Number
 Account Number: _____ Contact: _____

2 _____
 Name Phone Number Fax Number
 Account Number: _____ Contact: _____

Credit References

1 _____
 Name Phone Number Fax Number
 Address City State Zip

2 _____
 Name Phone Number Fax Number
 Address City State Zip

3 _____
 Name Phone Number Fax Number
 Address City State Zip

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorized the financial institutions listed in this application to release necessary information to CityMac in order to verify the information contained herein.

Authorized Signature: _____ Date: _____

Print Name: _____ Title: _____

The Guarantor whose name and signature appears below does hereby, unconditionally and irrevocably, guarantee the full, timely payment of any and all debts and/or liabilities incurred through business dealings with CityMac.

Guarantor Signature: _____ Date: _____

Print Name: _____ Title: _____