



1770 Walt Whitman Rd
Melville, NY 11747

Ph / Fax 1-888-980-6227

Date: _____

CREDIT APPLICATION

B Legal Name: _____		S Location # _____	
I DBA: _____		H Name: _____	
L Address: _____		I Address: _____	
L _____		P _____	
City: _____		City _____	
T State: AZ	Zip: _____	T State: _____	Zip: _____
O Ph: _____	Fx: _____	O Ph: _____	Fx: _____
Proprietorship___	Partnership___	Corporation ___	Year Started _____
Provide Social Security Number(s) For Proprietor/ Partnership For Credit			
ss# _____	ss# _____	ss# _____	

Principal Contact: _____		Owners Name: _____	
Title: _____		Address: _____	
Bank Name: _____		Branch: _____	Acct# _____
Address: _____		City: _____	State: _____ Zip: _____
Contact Officer: _____		Ph: _____	Fx: _____

Please List Four Credit References :

<p>1</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Ph: _____ Fax: <small>Required</small> _____</p> <p>Acct#: _____ Terms: _____</p>	<p>2</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip _____</p> <p>Ph: _____ Fax: <small>Required</small> _____</p> <p>Acct#: _____ Terms: _____</p>
<p>3</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Ph: _____ Fax: <small>Required</small> _____</p> <p>Acct#: _____ Terms: _____</p>	<p>4</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip _____</p> <p>Ph: _____ Fax: <small>Required</small> _____</p> <p>Acct#: _____ Terms: _____</p>

I HERBY AUTHORIZE THE BANK AND ABOVE CREDITORS TO GIVE FORUM NOVELTIES ANY AND ALL REQUESTED INFORMATION.

Authorized Signature: _____ Date: _____