Legal Name	DBA	Α		
Phone #				
Otros of Addisons	Mailing Address			
City State				
Form of ownership: LLC	□ Proprietorship □ Partn	ership 🗆	Corporation	□ Non-Profit
Tax ID #	State Annual Sales Volume			
Credit Limit Requested (expected monthly volume)	Year Business Started		No. of E	mployees
Purchasing Agent	Is Purchase Order Required? □ Yes □ No			
Accounts Payable Contact				
Principal Owner or Officers Pers				
Officer Name		Title		
Home Address	City	State	Zip	Home Phone
Officer Name		Title		
Home Address	City	State	Zip	Home Phone
Principal Bank	Account #		Phone # _	
Address		,		
City			Zip	
Business References Attach business references of three (3) I/we understand that the above information provided is accurate and agrimodified to Net 30 days only after a few to (30% annualized). I/we also understand above to release credit information or for of litigation, I further agree to pay reasons. This application in	tion is confidential and submitted for ti ee to the payment terms of Net 15 days transactions. I/we understand that deling that the undersigned signature also sen Smart Resolution, Inc. to run any nece	he purpose of ope s to start. I/we und quent accounts will ves as authorizatio ssary credit report incurred.	ening a credit line lerstand that the p incur a monthly fi on for any bank or in order to establi	e. I/we certify that the ayments terms will be nance charge of 2.5% trade reference listed sh credit. In the event
	,	J		
Date	Authorized Signat	ture		
Title	Print Name			
For office use only: Credit Limit Approved	Acct #		Date	
				SR Credit App 6/15/05

BANK RELEASE AUTHORIZATION

To whom it may concern:	
I hereby authorize	(bank's name) to release
information on	_ (company's name) for the purpose of
trying to obtain credit with Smart Resolution, Inc.	
Signature	Date
Name	Title