

CREDIT APPLICATION

OTRUSA.com

Name: _____ DBA : _____
Address: _____ Fed ID. # (TIN) _____
City: _____ State: _____ Zip: _____
Telephone: _____ Telefax: _____
E-Mail: _____ Website: _____

NAME OF OFFICERS / PARTNERS / PRINCIPALS (Including titles)

1. _____
2. _____
3. _____

Type of Business : _____ Years in Business: _____
Estimated Annual Sales: _____ Credit Limit Requested: _____
Duns Number _____

BANK REFERENCE

Bank: _____ Account No: _____
Address: _____
City: _____ State: _____ Zip: _____
Tel# / Fax#: _____ / _____ Account Officer: _____

TRADE REFERENCES

1. Name: _____ Address: _____
Phone: _____ Fax: _____ Acct # _____
2. Name: _____ Address: _____
Phone: _____ Fax: _____ Acct # _____
3. Name: _____ Address: _____
Phone: _____ Fax: _____ Acct # _____
D

_____	_____	_____
Date	Authorized Signature	Title
For Internal use only	CREDIT LIMIT APPROVED : _____	Sales Rep: _____
	BY: _____	DATE: _____