



Credit Application

Business contact information

Contact name:			
Phone:	Fax:	E-mail:	
Address:			
City:	State:	Postcode:	
In business since:			
Sole trader: <input type="checkbox"/>	Partnership: <input type="checkbox"/>	Limited liability: <input type="checkbox"/>	Other: <input type="checkbox"/>

Business and credit information

Postal address:		
City:	State:	Postcode:
Telephone:	Fax:	E-mail:
Bank name:		
Bank address:		Phone:
City:	State:	Postcode:

Business/trade references

Company name:		Company name:	
Contact name:		Contact name:	
Address:		Address:	
City:	Postcode:	City:	Postcode:
Phone:		Phone:	
Fax:		Fax:	
E-mail:		E-mail:	
Company name:		Company name:	
Contact name:		Contact name:	
Address:		Address:	
City:	Postcode:	City:	Postcode:
Phone:		Phone:	
Fax:		Fax:	
E-mail:		E-mail:	

If the application is for a business that is a sole proprietorship or partnership, please complete the following information on all individuals whom credit should be evaluated.

Name:		
% Owned (if partnership)	SS#:	
Address:		
City:	State:	Postcode:
Name:		
% Owned (if partnership)	SS#:	
Address:		
City:	State:	Postcode:



Agreement

By signing this application, you authorize Raptor Recycle and Transfer to obtain information on you (for individuals) or your business and its principal owner(s) from consumer credit bureaus and others for the purpose of extending credit and authorize any party receiving a credit inquiry from Raptor Recycle and Transfer, to release any information requested.

The above information is correct to the best of (our) knowledge, and I am (we are) authorized, in my (our) capacity, to bind my (our) firm accordingly.

Signatures

Title _____

Date: _____

Title: _____

Date: _____