

Application for Credit

Important: This application must be completely filled out, signed and returned along with your most recent financial statement in order to be considered for credit approval or an increased credit limit.

Name of Business: _____

Phone #: (____)____-____ Fax #: (____)____-____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Shipping Address: _____

City: _____ State: _____ Zip Code: _____

Type of Business: ___Sole Proprietorship ___Partnership ___Corporation - State of Inc. _____

Primary Type of Business: _____ Date Business Started: _____

Building is: ___Owned ___Leased (if leased, exp. date: _____) Net Worth: _____

Has this company or any of the owners filed Bankruptcy before? ___No ___Yes

(if yes, please list who and when): _____

Principals Information (If corp., list president & secretary. If partnership, list all partners information)

Name: _____ Title: _____

Home Address: _____ Phone #: (____)____-____

Social Security #: _____ - _____ - _____ Drivers License #: _____

Name: _____ Title: _____

Home Address: _____ Phone #: (____)____-____

Social Security #: _____ - _____ - _____ Drivers License #: _____

Bank Information

Bank Name: _____ Checking Account #: _____

Address: _____

City: _____ State: _____

Please list any loans or lines of credit: _____

Credit References

	Name	Address	Phone #	Account #
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Terms Requested: ___ Net 7 Days ___ Net 15 Days ___ Net 30 Days

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