

APPLICATION FOR CREDIT

COMPANY INFORMATION

Company Name:		Tel:	Fax:
Address:		Website:	
City:		In business since:	
State:	Zip:	In Foundation-related Industry Since:	
Federal/Tax ID:	Number of Employees	Requested Credit Amt:	
Sole trader: Partnership: Limited liability: Other:			

MAIN CONTACT

Name:		Title:
Email:	Tel:	Fax:

ACCOUNTS PAYABLE CONTACT

Name:	
Tel:	Email:

TRADE REFERENCES

Company 1:		Company 2:	
Contact name:		Contact name:	
E-mail:		E-mail:	
Tel:	Fax	Tel:	Fax:
Address:		Address:	
City:	State:	City:	State:
Zip:	Account #:	Zip:	Account #:

Company 3:		Company 4:	
Contact name:		Contact name:	
E-mail:		E-mail:	
Tel:	Fax	Tel:	Fax:
Address:		Address:	
City:	State:	City:	State:
Zip:	Account #:	Zip:	Account #:

OWNER/OFFICER CONTACT INFORMATION (1)

Name:		Title:	SSI#:
Address:		Have you ever filed for bankruptcy?	No Yes
City:		Date filed for bankruptcy:	
State:	Zip:	In which city and state?	

OWNER/OFFICER CONTACT INFORMATION (2)

Name:		Title:	SSI#:
Address:		Have you ever filed for bankruptcy?	No Yes
City:		Date filed for bankruptcy:	
State:	Zip:	In which city and state?	

BANK INFORMATION (1)

Bank Name:		Contact Name:
Address:		Tel:
City:		Email:
State:	Zip:	Account #:

BANK INFORMATION (2)

Bank Name:		Contact Name:
Address:		Tel:
City:		Email:
State:	Zip:	Account #:

GROSS SALES HISTORY

Most recent fiscal year:	(in thousands)	2 nd year prior:	3 rd year prior:
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AGREEMENT & AUTHORISATION

The information contained in this application is provided for the purpose of obtaining or maintaining credit with Ideal Group. I, the undersigned, understand that Ideal is relying on the information provided herein to be true and correct in deciding to grant or continue credit and that such information continues to be true and correct until a written notice of a change is given to Ideal by the undersigned.

Ideal is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein and to determine my credit-worthiness.

Full Name:	Title:	Date:
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Signature:

PERSONAL GUARANTEE

The undersigned agrees to unconditionally guarantee payment to Ideal Group of all sums owed by the company named above.

Name:	Home Address:	
Tel:	City:	
Date Signed:	State:	State:

Signature:

Witness	
Name:	Date Signed:

Signature:

