



CREDIT APPLICATION FOR COMMERCIAL CUSTOMERS

Business Name: _____ Date: _____

Business Address: _____

City: _____ County: _____ State: _____ Zip: _____

Person to Contact: _____ Phone: () _____

Business Ownership: Corporation Partnership Proprietorship

Tax ID # _____ (Tax Exempt ONLY and provide current tax exempt documentation).

Years in Business: _____

OWNERS/OFFICERS/STOCKHOLDERS

Name: _____ Title: _____ SS# _____

Address: _____ City/State: _____ Zip: _____

Name: _____ Title: _____ SS# _____

Address: _____ City/State: _____ Zip: _____

BANK REFERENCE INFORMATION

Bank Name: _____ City/State: _____

Phone: _____ Checking Account #: _____

MAJOR TRADE REFERENCES

Supplier's Name: _____ Acct. # _____ Phone: _____

Supplier's Name: _____ Acct. # _____ Phone: _____

Supplier's Name: _____ Acct. # _____ Phone: _____

I certify that the above information is correct and I authorize the creditors listed above to provide credit information to Alania, Inc. I understand that Alania, Inc. may use the provided information to check the personal credit of owners or stockholders.

By: _____ Title: _____ Date: _____