



1543 State Route 225
Herndon, PA 17830
(570) 758-3011

Credit Application

Date: _____

Business Information		
Company Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	Requested Amount:

Other Business Information			
Type of Business:		If Corporation, Which State:	
Years in Business:	Years at Location:	Number of Employees:	Sales Volume:

Ownership Information		
Owner 1 Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	
Owner 2 Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	
Owner 3 Name:		

Address:		
City:	State:	Zip:
Phone:	Email:	

Trade Reference Information

Company 1 Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	Email:

Company 2 Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	Email:

Company 3 Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	Email:

Bank Information

Bank 1 Name:

Address:

City:

State:

Zip:

Phone:

Email:

Bank 2 Name:

Address:

City:

State:

Zip:

Phone:

Email:

Signature

Submitter Name/Title:

Submitter Signature: