

## CREDIT APPLICATION

COMPANY INFORMATION			
Legally Registered Name:		Trade or DBA Name:	
Physical Address, City, State & Zip Code:			
Primary Contact:		Business Phone:	
Business Commenced:		How long at current address? ____Yr(s) ____mths	
TYPE OF BUSINESS			
<input type="checkbox"/> Corporation <input type="checkbox"/> S. Corporation <input type="checkbox"/> L.L.C. <input type="checkbox"/> L.L.P. <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other			
Nature of Business:		Federal Tax ID:	State of Incorporation:
PRINCIPAL INFORMATION			
First Name, Last Name:		Title:	
Address, City, State & Zip Code:		Phone:	Social Security Number:
BANK INFORMATION			
Bank Name:		Contact Name:	Phone #:
Address, City, State & Zip Code:			
Account Number:		Type Account:	
BUSINESS/TRADE REFERENCE			
Name:		Name:	
Address, City, State & Zip Code:		Address, City, State & Zip Code:	
Contact Name		Contact Name:	
Phone :	Fax:	Phone	Fax:
Name:		Name:	
Address, City, State & Zip Code:		Address, City, State & Zip Code:	
Contact Name		Contact Name:	
Phone :	Fax:	Phone	Fax:
AGREEMENT			
<i>By signing below, the undersigned individual as principal of and/or guarantor for the applicant, authorizes Cubicles.com, its designee, assigns or potential assigns, to review his/her personal credit profile provided by national credit bureaus in considering this application and for the purpose of the update, renewal, or extension of credit to the applicant or the collection of any resultant accounts. A fax or photocopy of this authorization shall be valid as the original. <b>* ALL PRINCIPLES LISTED ABOVE MUST SIGN THIS APPLICATION.</b></i>			
SIGNATURES			
Title:	Date:	Title:	Date: