BUSINESS CREDIT APPLICATION

Encore Restoration
19992 W 162nd Street
Olathe, KS 66062
888-362-6787

Company Name **Type of Business** **Phone Number** **Fax Number**

Billing Address **Shipping Address**

City **State** **Zip** **City** **State** **Zip**

Type of Ownership: ? Corporation ? Partnership ? Sole proprietor **Years in business: _____**

? Government ? Non-Profit **Tax Exempt? Yes No**
(If yes, please include resale card with application)

Parent company names (If different than above): _____

Address **Fax Number**

City **State** **Zip**

Bank References

1. _____
Name **Phone Number** **Fax Number**
Account Number_____ Contact: _____
2. _____
Name **Phone Number** **Fax Number**
Account Number _____ Contact: _____

Open Accounts References

1. _____
Name **Phone Number** **Fax Number**
Address **City** **State** **Zip**
2. _____
Name **Phone Number** **Fax Number**
Address **City** **State** **Zip**
3. _____
Name **Phone Number** **Fax Number**
Address **City** **State** **Zip**

AUTHORIZED SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TITLE: _____

Inter Office Use Only **DATE: ____/____/____**
CREDIT LIMIT: _____ **APPROVED BY: _____**