



**DREW'S**  
UNIVERSITY

## APPLICATION FOR CREDIT

**\*\*THE FOLLOWING MUST BE PROVIDED AND WILL BE HELD IN STRICT CONFIDENCE\*\***

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

\_\_\_\_ CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ INDIVIDUAL

FEDERAL TAX ID# \_\_\_\_\_ YEARS IN BUSINESS: \_\_\_\_\_

OWNER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

PHONE#: \_\_\_\_\_

A/P CONTACT: \_\_\_\_\_ PH#: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

### REFERENCES

#### **BUSINESS NAME/ADDRESS**

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **CONTACT NUMBERS**

PHONE# \_\_\_\_\_

EMAIL: \_\_\_\_\_

FAX: \_\_\_\_\_

PHONE# \_\_\_\_\_

EMAIL: \_\_\_\_\_

FAX: \_\_\_\_\_

PHONE# \_\_\_\_\_

EMAIL: \_\_\_\_\_

FAX: \_\_\_\_\_

Applicant has carefully reviewed the representations set forth above and certifies all such representations to be completed and correct to the best of his/her knowledge. Permission is hereby granted to verify credit information from trade & bank references and information provided, and to make all other pertinent credit inquiries as deemed necessary to make a credit determination.

**X Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_