



3340 Beck Rd.  
Hillsdale, MI 49242

517-437-4250  
800-641-3808

### Credit Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile #: \_\_\_\_\_ Tax ID#: \_\_\_\_\_ Tax Exempt: yes no

A/P Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Mobil #: \_\_\_\_\_

SS#: \_\_\_\_\_ Drivers License#: \_\_\_\_\_

Bank Reference: \_\_\_\_\_ Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Credit References:**

1) Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2) Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3) Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

*I authorize the above named references to share the applicant's credit history with Becker & Scrivens, Inc. If credit privileges are granted I agree to abide by the applicable credit terms and agree to accept financing charges of 1 1/2% per month (18% annum) on all sums that become 30 days or more past due.*

Signature of Principal or Officer: \_\_\_\_\_