



# CREDIT APPLICATION

Company Name (EXACT LEGAL NAME) \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Fax Number \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Federal Tax ID Number \_\_\_\_\_

Accounts Payable Contact Name and Phone Number \_\_\_\_\_

Company Website \_\_\_\_\_

Check One:  Corporation  Partnership  Sole Proprietor  LLC  Other/Explain \_\_\_\_\_

Check One:  Privately Held  Publicly Held

If Privately-Held, will you supply financial statements on a confidential basis if needed to establish credit? Check One:  Yes  No

Year Established/Incorporated or Years in Business: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Estimated Annual Sales: \_\_\_\_\_

Parent Company Info (If different from above):

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**OWNER/SHAREHOLDER INFORMATION:** (This section must be completed)

Name \_\_\_\_\_

Title \_\_\_\_\_

% Ownership \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

% Ownership \_\_\_\_\_

**REFERENCES**

**BANKS** (Please include operating bank and credit line bank, if different. Attach separate sheet if needed):

Bank Name \_\_\_\_\_

Account Number(s) \_\_\_\_\_

Address \_\_\_\_\_

Credit Line \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Loan Officer / Bank Contact \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax and/or email address \_\_\_\_\_

920 East Algonquin Road, Suite 120 Schaumburg, IL 60173 Tel (224) 653-2800 Fax (224) 653-2900  
One Cross Island Plaza, Suite 128 Rosedale, NY 11422 Tel (718) 525-9335 Fax (718) 525-9331  
555 E. Ocean Boulevard, Suite 203 Long Beach, CA 90802 Tel (562) 901-0105 Fax (562) 901-9085  
400 Oyster Point Boulevard, Suite 412 South San Francisco, CA 94080 Tel (650) 615-9533 Fax (650) 615-9765  
4240 Wykeshire Ct. Cumming, GA 30041 Tel (224) 653-2821 Fax (224) 653-2900



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**TRADE** (Please include vendors with significant credit level activity.)

1)	_____	_____	_____
	Company Name		Payment Terms
	_____		
	Address		
	_____	_____	_____
	Phone Number	Fax Number	Contact
2)	_____	_____	_____
	Company Name		Payment Terms
	_____		
	Address		
	_____	_____	_____
	Phone Number	Fax Number	Contact
3)	_____	_____	_____
	Company Name		Payment Terms
	_____		
	Address		
	_____	_____	_____
	Phone Number	Fax Number	Contact

I understand that the above information is given for the purpose of obtaining credit and hereby authorize the bank and trade references above to release the requested information. I certify that, to the best of my knowledge, the above information is complete and accurate as of the date of this application.

_____	_____	_____
Authorized Signature	Signer's Name / Title	Date

[Note: Be assured that all of the information given and received based on this application will be held by WCS in strict confidence.]