



117 E. 14th Avenue North Kansas City, Missouri 64116

CONFIDENTIAL CREDIT APPLICATION:

COMPANY NAME: _____ PHONE: _____
STREET: _____ CITY: _____ STATE: _____ ZIP: _____
CORPORATION: _____ PARTNERSHIP: _____ PROPRIETORSHIP: _____ YEAR FORMED: _____
CREDIT REQUIREMENTS: _____
INDIVIDUAL RESPONSIBLE FOR PAYMENTS: _____
OWNER: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

CURRENT TRADE REFERENCES:

(1) NAME: _____	(2) NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____	CITY: _____
STATE/ZIP: _____	STATE/ZIP: _____
PHONE: _____	PHONE: _____
FAX: _____	FAX: _____
CONTACT: _____	CONTACT: _____

(3) NAME: _____	BANK REFERENCE: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____	CITY: _____
STATE/ZIP: _____	STATE/ZIP: _____
PHONE: _____	PHONE: _____
FAX: _____	FAX: _____
CONTACT: _____	CONTACT: _____
	ACCT #: _____

APPLICANT SIGNATURE: _____ DATE: _____

FEDERAL ID #: _____