



The CIT Group / Commercial Services, Inc.  
 301 South Tryon Street / Suite 2200  
 P. O. Box 31307  
 Charlotte, NC 28231-1307  
 (704) 339-2200

RETURN TO: \_\_\_\_\_  
 PHONE: ( 704 ) 339- \_\_\_\_\_  
 FAX: ( 704 ) 339- 2220

CREDIT APPLICATION

Company: \_\_\_\_\_ Years in Business: \_\_\_\_\_  
 DBA: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Street: \_\_\_\_\_ FAX: ( \_\_\_\_\_ ) \_\_\_\_\_  
 City: \_\_\_\_\_ A/P Contact: \_\_\_\_\_  
 ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_

Corp: \_\_\_ Partnership: \_\_\_ Proprietorship: \_\_\_ Principal: \_\_\_\_\_

Do you release a financial statement? YES: \_\_\_\_\_ NO: \_\_\_\_\_  
 Please attach a statement if possible.

Listed with D & B? YES: \_\_\_\_\_ NO: \_\_\_\_\_ DUNS NBR: \_\_\_\_\_

BANK REFERENCE (1)

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City/ST/Zip: \_\_\_\_\_  
 Acct #: \_\_\_\_\_  
 Acct Officer: \_\_\_\_\_  
 Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

BANK REFERENCE (2)

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City/ST/Zip: \_\_\_\_\_  
 Acct #: \_\_\_\_\_  
 Acct Officer: \_\_\_\_\_  
 Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

TRADE REFERENCE (1)

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City/ST/Zip: \_\_\_\_\_  
 Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Acct #: \_\_\_\_\_

TRADE REFERENCE (2)

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City/ST/Zip: \_\_\_\_\_  
 Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Acct #: \_\_\_\_\_

TRADE REFERENCE (3)

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City/ST/Zip: \_\_\_\_\_  
 Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Acct #: \_\_\_\_\_

TRADE REFERENCE (4)

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City/ST/Zip: \_\_\_\_\_  
 Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Acct #: \_\_\_\_\_

I hereby authorize the above listed bank and trade sources to release pertinent information to The CIT Group / Commercial Services, Inc.

Signed: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

crapp1.saa