



**Commercial Credit Application**

1157 Central Ave, Albany, NY, 12205

518-459-2300 518-459-2364 fx

APPLICANT INFORMATION Date \_\_\_\_\_

Company Name \_\_\_\_\_

Primary Contact \_\_\_\_\_

Account Payable Contact \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

# of employees \_\_\_\_\_ Yrs in business \_\_\_\_\_ Type of Business \_\_\_\_\_

Credit Limit Requested \_\_\_\_\_ Purchased Order Required \_\_\_\_\_

Email \_\_\_\_\_

TRADE REFERENCES

1. Company Name \_\_\_\_\_

Contact \_\_\_\_\_ Account Number \_\_\_\_\_

Address \_\_\_\_\_

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

2. Company Name \_\_\_\_\_

Contact \_\_\_\_\_ Account Number \_\_\_\_\_

Address \_\_\_\_\_

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

3. Bank Name \_\_\_\_\_

Contact \_\_\_\_\_ Account Number \_\_\_\_\_

Address \_\_\_\_\_

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

All statements made herein are true and accurate to the best of our knowledge. We authorize the above company to make any and all inquiries necessary for action on this credit application. We hereby indemnify the above company and its agents, from any liability resulting from their credit survey.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_