



# Mobile Workstations Inc

## CREDIT APPLICATION

Amount Requested: \$ \_\_\_\_\_

Terms Requested: \_\_\_\_\_ Date: \_\_\_\_\_

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

Trading as (DBA): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Contact (Title): \_\_\_\_\_

If Affiliate/Subsidiary, Indicate Parent Co: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

**Organization Form:**

Sole Proprietor  Partnership  Corporation  State  Other Incorporation  
Date \_\_\_\_

**Annual Sales Volume:**

\$101-250K  \$251-501K  \$501-1000K  \$1000K+  \$10,000K

Ship to Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Federal Tax: \_\_\_\_\_

Sellers Permit: \_\_\_\_\_

DUN & Bradstreet: \_\_\_\_\_

Principal Owner/Officer: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

**BANK REFERENCE** (full address & phone numbers must be entered)

BANK: \_\_\_\_\_

ACCOUNT#: \_\_\_\_\_

BANK: \_\_\_\_\_

ACCOUNT#: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BANK OFFICER NAME: \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

Checking  Savings  Other

**Authorized Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name & Title (Print):** \_\_\_\_\_



# Mobile Workstations Inc

## TRADE REFERENCES

**Complete address & phone numbers must be entered.**

1. Name: \_\_\_\_\_  
 Type of Business: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_  
 Account #: \_\_\_\_\_ Terms: \_\_\_\_\_

2. Name: \_\_\_\_\_  
 Type of Business: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_  
 Account #: \_\_\_\_\_ Terms: \_\_\_\_\_

3. Name: \_\_\_\_\_  
 Type of Business: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_

4. Name: \_\_\_\_\_  
 Type of Business: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_  
 Account #: \_\_\_\_\_ Terms: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Name (Please Print) \_\_\_\_\_ Title \_\_\_\_\_  
 \_\_\_\_\_



# Mobile Workstations Inc

**Please enclose a copy of your company's latest  
FINANCIAL STATEMENT**

**BANK CREDIT REFERENCE – PLEASE RETURN  
A.S.A.P.**

**To:** \_\_\_\_\_

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Account:** \_\_\_\_\_

Dear Bank Officer:

I authorize you to release credit information about my account standing, credit line, and payment history to: Mobile Workstations, Inc. This information will be used explicitly to establish an account and determine credit worthiness. This information is to be kept within the strictest of confidence.

Authorized Signature \_\_\_\_\_  
Company \_\_\_\_\_

Print Name \_\_\_\_\_

To whom it may concern:

The above customer has given your bank as a reference. Please supply us with the following information and return this form to us A.S.A.P.

Date account Opened: \_\_\_\_\_

Average balance Maintained: \_\_\_\_\_

Line of credit at their disposal: \_\_\_\_\_

Secured or unsecured: \_\_\_\_\_

High Credit: \_\_\_\_\_

Amount now owing: \_\_\_\_\_

Payment habits/Comments: \_\_\_\_\_

We assure you that this information will be kept strictly confidential.

Sincerely,

Credit Department