



1410 Lewis Street
Charleston, WV 25321
Sales Office 304-344-2311 Business Office 304-344-3106

Credit Application

Date: _____

Firm Name: _____ DBA: _____

Street Address: _____ Phone #: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ E-Mail: _____

Are you located in Charleston city limits: _____
Full name of owner or owners (or an authorized officer of corporation) List Home address and zip code for partnership or individual.

Check One: Individual _____ Partnership _____ Corporation _____

Additional information required for conditional sales contracts under the uniform commercial code:

Debtor (signing contract): _____ Title: _____

Debtor's Social Security # (part./ind.): _____

Type of Business: _____ Date Started: _____ Estimated Annual Sales: _____

Former Business: _____ Location: _____

Previous Bankruptcy: _____ Date: _____

Own Building? If rent, from who? _____ Value: _____

Real Estate Mortgage: _____

Trade References

Name	Address	Acct #	Phone #

Bank _____

Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with terms agreed upon.

The above information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize the firm to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility.

Firm Name: _____

Signature _____ Title _____

Signature _____ Title _____

CBI Customer Information Sheet

I. Corporation

- A. Exact Corporate Name:

- B. Any Trade Name(s): _____
- C. State of Incorporation: _____
- D. Address of Principal Office:

- E. County for (D) Above: _____
- F. President: _____
- G. Treasurer: _____

II. Partnership:

- A. Exact Name of Partnership:

- B. General PSHP: _____ Limited PSHP: _____
- C. State Under Which Formed: _____
- D. Office of Partnership: _____

- E. County for (D) Above: _____
- F. Name and Addresses of All General Partners:

- G. Name and Address of Managing Partner:

III. Sole Proprietorship:

- A. Name of Individual and Exact D/B/A:

- B. Any Other Names Trading Under:

- C. Business Address:

- D. County for (C) Above: _____
- E. Home Address: _____

F. County for (E) Above: _____

G. Home Telephone Number: _____

IV. Guarantor(s):

A. First Person

- Full Name: _____
- Address: _____
- County: _____
- Business Phone: _____ Home Phone: _____
- Relationship to Debtor: _____

B. Second Person

- Full Name: _____
- Address: _____
- County: _____
- Business Phone: _____ Home Phone: _____
- Relationship to Debtor: _____

C. First Person

- Full Name: _____
- Address: _____
- County: _____
- Business Phone: _____ Home Phone: _____
- Relationship to Debtor: _____