



## CUSTOMER CREDIT APPLICATION FORM

### CUSTOMER INFORMATION

Name of Business : D&B# :  
Address :  
City : State : Zip :  
Phone # : Fax # :  
Contractors License # :  
Individual Partnership Corporation Date established :  
President or Owner : Social Security # :  
Address :  
Vice President or Partner: Social Security # :  
Address :

### TRADE REFERENCES PLEASE DO NOT USE CREDIT CARD REFERENCES

Company : Account # :  
Mailing Address :  
Phone # : Fax # :  
Company : Account # :  
Mailing Address :  
Phone # : Fax # :  
Company : Account # :  
Mailing Address :  
Phone # : Fax # :  
Company : Account # :  
Mailing Address :  
Phone # : Fax # :

Signature:

Title :

Date :



## CUSTOMER CREDIT APPLICATION FORM

### BANK INFORMATION

Date : Account Name :  
Bank Name :  
Address :  
City : State : Zip :  
Bank Telephone # :  
Checking Account # :

#### To whom it may concern:

We are investigating the credit responsibility of the account named above and your financial institution has been given as a credit reference. We must have credit history on an account before we can allow them to issue a company check to us. It would be appreciated if you give us the following information:

### FOR BANK USE ONLY

Date Account Opened:

Average Balance :

\$  .00

Any Returned Check :

No

Yes

# of Returned check in the last 12 months:

Thank you for your cooperation, please call 323.890.0000 for any further question.  
Your prompt attention will be greatly appreciated.

### CUSTOMER RELEASE

I / We hereby authorize the requested to be released to Urban Global, LLC.

Name :

Date :

Signature :