



CREDIT APPLICATION

2701 E Cumberland Avenue • Lebanon, Pennsylvania 17042
800-932-4625 • Fax 717-272-0970 • www.brightbill.com

Application Information		Date: _____
Company Name _____	TYPE OF BUSINESS	___ Sole Proprietorship
Address _____		___ Partnership
City, State, Zip _____		___ Corporation
Phone No. _____ Fax No. _____		in State of _____
Accounts Payable Address _____		___ Subsidiary
No. of Years in Business _____ No. of Employees _____		___ Division
	Credit Line Requested \$ _____	
	Contact _____	
	Payment Personally Guaranteed <input type="checkbox"/> Yes <input type="checkbox"/> No	

Ownership	
Name of Owner _____	Phone No. _____
Home Address _____	City _____ State _____ Zip _____
Name of Owner _____	Phone No. _____
Home Address _____	City _____ State _____ Zip _____

Trade References	
Company Name _____	Phone No. _____
Address _____	City _____ State _____ Zip _____
Fax No. _____	
Company Name _____	Phone No. _____
Address _____	City _____ State _____ Zip _____
Fax No. _____	
Company Name _____	Phone No. _____
Address _____	City _____ State _____ Zip _____
Fax No. _____	

Bank References	
Bank Name _____	Type of Account _____
Address _____	City _____ State _____ Zip _____
Phone No. _____	Fax No. _____
Bank Name _____	Type of Account _____
Address _____	City _____ State _____ Zip _____
Phone No. _____	Fax No. _____

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 _____ **Date** _____