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CREDIT APPLICATION

****ALL information must be filled out. This information is confidential and is needed for completing your credit application. Incomplete applications will not be processed.**

Business Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____ Fed ID#: _____
 Purchasing Agent: _____ Accounts Payable: _____
 Line of Credit Requested: _____ Years in Business: _____
 Ownership: Sole Proprietorship _____ Partnership _____ Corporation _____ Other _____
 Email Address: _____

	Principal #1	Principal #2	Principal #3
Name			
Title			
Home Address			
City, State, Zip			
Home Phone #			

Bank: _____ Contact Person: _____
 City, State, Zip: _____ Account #: _____
 Phone: _____ Fax: _____
 Has this firm or any of the principals ever been bankrupt? Yes _____ No _____
 If yes, explain: _____

TRADE REFERENCES

Reference #1:
 Business: _____ Contact Person: _____
 Address, City, State, Zip: _____
 Phone: _____ Fax (required): _____

Reference #2:
 Business: _____ Contact Person: _____
 Address, City, State, Zip: _____
 Phone: _____ Fax (required): _____

Reference #3:
 Business: _____ Contact Person: _____
 Address, City, State, Zip: _____
 Phone: _____ Fax (required): _____

By signing this form you agree to allow Porous Pave, Inc. to check your company's credit score. All credit information will be obtained either through vendor's or through Experian.com. Individual signing this form is responsible for all funds associated with this account.

Name: _____ Signature: _____ Position: _____
 Date: _____