

CREDIT APPLICATION

D .		
Date:		

Client Name		Representative		
Send complete application	are factored by The CIT Group/C a to: The CIT Group; Two Wachovi urlotte, NC 28282-1903 • Fax: 704-	a Center • 301 S. Tryon St. Suite	2400 Attn: C	
Applicant Legal Business Na	ame	DBA		
Street Address		Billing Address		
City	State	Zip Corpora	ation Type:	☐ C Corporation
Phone #	Cell #		LLC Corp.	☐ S Corporation
Fax #	E-mail:		Partnership	☐ Proprietorship
DUNS#	Federal Tax ID#		State of Organization Year Business Organized	
Accountant's Name		Accountant's Phone #		
Attach a copy of r	nost current tax returns &	financial statements sign	ned by you	r Accountant.
Principal/Owner's Name	Owner's Name P			
	NAME OF BA	ANK(S)/FACTOR(S)		
Name:	Telephone #:	Contact Name:	Ph	one #:
Account #:	Fax #:	Borrowing: Yes/No	Туј	oe:
Average Balance:	Month/Yr. Opened:	Secured: Yes/No	Gua	aranteed: Yes/No
Name:	Telephone #:	Contact Name:	Ph	one #:
Account #:	Fax #:	Borrowing: Yes/No	Tyj	pe:
Average Balance:	Month/Yr. Opened:	Secured: Yes/No	Gua	aranteed: Yes/No
	NAME O	F SUPPLIERS		
Name:	Account #:	Street Address:		
Telephone #:	Fax #:	City:	State:	Zip:
Name:	Account #:	Street Address:		-
Telephone #:	Fax #:	City:	State:	Zip:
Party") contacted by CIT and	es, without reservation, any of the App I its Representatives to furnish the al to provide this Credit Application to any	bove-mentioned information to CIT	and its Repre	esentatives. CIT and its
Principal's Signature (Responsible for Operations)		Principal's Name & Title	(Please Prin	t) Date