



Credit Application

Please fax this application to 813-884-4764

Business Name: _____ **Web Site:** _____

Phone: _____ **Fax:** _____

Address: _____ **For:** _____ years
Street City State ZIP Code

Billing Address: _____
Street City State ZIP Code

Previous Address: _____
Street City State ZIP Code

D/B/A: _____ **Federal Tax I.D. Number:** _____

Parent Company: _____ **# Locations:** _____

Address: _____
Street City State ZIP Code

Subsidiaries/Affiliates: _____

Type of Business: _____ **Date Established:** _____

Does State/County/City require a License? Yes No **If Yes, License #:** _____

Company Status: Sole Proprietorship Partnership Corporation LLC LLP

Principle: _____
Name Title SS# Home Address

Principle: _____
Name Title SS# Home Address

Trade References: (Name suppliers of major products and services)

NAME	ADDRESS/PHONE
_____	_____
_____	_____
_____	_____

Bank References: Checking Loan Savings

Name Address Account # Contact

Name Address Account # Contact

5452 W. Crenshaw St. #5, Tampa, FL 33634

Phone: 877-362-2530

Fax 813-884-4764

www.enableme.com info@enableme.com



No. Employees: _____ Est. Annual Sales \$: _____ Sales Territory: _____

Has the firm or any of its Principals ever been bankrupt? Yes No

If yes, explain: _____

Person to Contact About Account: _____
 _____ Name _____ Title _____
 (_____) _____
 _____ Phone _____ E-mail address _____

Personal Credit Release

By signing this application, I authorize (your company) or its agency to investigate my personal credit and financial records. As part of such investigation, I authorize (your company) to request and obtain consumer credit reports on me in connection with the opening, monitoring, renewal and extension of this and other accounts with (your company) and the marketing of other products and services to me and my business by (your company). I further authorize (your company) to share the information received from my consumer credit report with (your company's) parent, subsidiaries and affiliates (and others if applicable). If I request, you will tell me whether my consumer credit report was requested and if so the name and address of the consumer credit agency that furnished the report.

Any misrepresentation in this application will be considered evidence of a fraud, since this information is the basis of the granting of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references listed.

 Print Name Title Print Name Title

 Signature Date Signature Date

Personal Guarantee

By signing this Application, I acknowledge that I have personally guaranteed the debts and obligations of my business and agree that I am personally obligated to perform all of the terms of and make all payments to (your Company) required by, the agreement of which this Application is a part.

 Print Name Print Name

 Signature Date Signature Date

Office Use Only

Line of Credit Requested \$: _____ Present Balance \$: _____ As of: _____
 _____ Date

Approved by: _____ Date: _____