

CLUB RED INC / CAPITAL BUSINESS CREDIT, LLC

CREDIT APPLICATION

Date:

Business Name

Doing Business As

Billing Address

Physical Address

How Long In Business?

Principals Names

Federal Tax ID or S. S. #

Business Type

Contact Info

Corporation

Phone:

Sole Proprietor

Cell:

Partnership

Fax:

Other:

Email:

Bank / Lender Information # 1

Bank / Lender Information # 2

Name:

Name:

Street:

Street:

City / State/ Zip:

City / State/ Zip:

Account #:

Account #:

Contact:

Contact:

Phone #:

Phone #:

Fax #:

Fax #:

Trade Reference # 1

Trade Reference # 2

Name:

Name:

Street:

Street:

City & State:

City & State:

Account #:

Account #:

Contact:

Contact:

Phone #:

Phone #:

Fax #:

Fax #:

Trade Reference # 3

Trade Reference # 4

Name:

Name:

Street:

Street:

City & State:

City & State:

Account #:

Account #:

Contact:

Contact:

Phone #:

Phone #:

Fax #:

Fax #:

PLEASE SIGN BELOW AND FAX THE COMPLETED FORM TO (678) 947-1445

The undersigned permits the release of information for the purpose of updating or establishing
business credit with Capital Business Credit, LLC

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