

Mercantile Credit, Inc.

Credit Application

Applicant Information

Company Name:

Current Address:

City:

State:

Zip:

Office Phone:

Fax:

Mobile Phone:

Email:

Type of Business:

Tax ID:

Officers

Title:

Name:

Email:

Phone:

Fax:

Address:

City:

State:

Zip:

Date of Birth:

SSN:

%Ownership:

Officers

Title:

Name:

Email:

Phone:

Fax:

Address:

City:

State:

Zip:

Date of Birth:

SSN:

%Ownership:

Officers

Title:

Name:

Email:

Phone:

Fax:

Address:

City:

State:

Zip:

Date of Birth:

SSN:

%Ownership:

We authorize Mercantile Credit, Inc. to obtain any information necessary, including, but not limited to, credit reports from all agencies on company and shareholder's principals. We verify that all information provided on this application and any other affiliated forms is accurate. Applicant agrees to pay any and all charges/fees associated with obtaining said.

Signature of Applicant:

Date:

Title: