

# Business Credit Application



Submit Completed Application:

Email: sales@WallaceFlynn.com

Tel: 336-781-0504

**I. GENERAL INFORMATION: \*Required Items**

*Full Legal Company Name:		Trade Name/DBA:		*E-Mail:	
*Physical Address:		*City:		*State:	
				*Zip Code:	
*Business Start Date:	State of Incorporation:	Duns#:	*Full Name of Parent Company:		
*Type of Business: <input type="checkbox"/> "C" Corp <input type="checkbox"/> "S" Corp <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship				*Homeplace Group Sales Rep Name:	
<input type="checkbox"/> Publicly held <input type="checkbox"/> Privately held	# of Employees:	Annual Sales:	Federal Tax ID#:		
*Contact Person/Title:		*Contact Telephone & Fax#:		Contact E-mail:	

<b>Please indicate company principals responsible for business transactions:</b>		Have the owners and/or the business ever filed for bankruptcy?	Do the owners and/or the business have any Litigation, Judgments or Liens?
*Name:	*Title:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lit <input type="checkbox"/> Judg <input type="checkbox"/> Lien
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lit <input type="checkbox"/> Judg <input type="checkbox"/> Lien
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lit <input type="checkbox"/> Judg <input type="checkbox"/> Lien

**II. BANK REFERENCES**

*Present Bank:		Name of Lending Bank:	
Branch:	*Telephone:	Branch:	Telephone:
*Account #:	Fax:	Account #:	Fax:
Name of Bank Officer:	Account Type:	Name of Bank Officer:	Account Type:

**III. TRADE REFERENCES: Please provide related industry or telecom references.**

<b>1)</b> (Reference Name)	(Contact Name)	<b>2)</b> (Reference Name)	(Contact Name)
(Address)	(Account Number)	(Address)	(Account Number)
(Telephone #)	(Fax #)	(Telephone #)	(Fax #)
(Monthly \$)	(Secured)	(Monthly \$)	(Secured)
<b>3)</b> (Reference Name)	(Contact Name)	<b>4)</b> (Reference Name)	(Contact Name)
(Address)	(Account Number)	(Address)	(Account Number)
(Telephone #)	(Fax #)	(Telephone #)	(Fax #)
(Monthly \$)	(Secured)	(Monthly \$)	(Secured)

**IV. APPLICANT'S SIGNATURE**

Everything stated in this application is true and correct to the best of my knowledge. It is understood that Wallace Flynn, Inc. will retain this application whether or not credit is extended. Wallace Flynn and its designees are authorized to check our credit as necessary through our trade references, bank references, credit reporting agencies and any other sources Wallace Flynn reasonably deems necessary to obtain answers about credit experience. Any information obtained pursuant to this application will be used in making a credit decision and will be held in confidence by Wallace Flynn and its designees. The undersigned further declares that he/she is duly authorized to sign this application on behalf of the person and/or company herein represented. Furthermore, Applicant understands and accepts responsibility to notify Wallace Flynn immediately if there is an ownership change or name change involving Applicant. Applicant will remain solely liable for all charges incurred prior to written receipt and acknowledgement by Wallace Flynn of any such name or ownership change. If application is faxed/emailed the faxed/emailed signature is equivalent to an original signature.

*Applicant's Name (print):	*Title:
*Signature:	*Date:

**\*\*PLEASE ATTACH AUDITED FINANCIAL STATEMENTS FOR THE LAST TWO FISCAL YEARS AND LATEST INTERIM STATEMENT. (Omitting this information could result in a delay of the approval process.)**