

**CREDIT APPLICATION**

Date: _____

Client Name **TROWBRIDGE GALLERY LTD 0076**Accounts are factored by **The CIT Group/Commercial Services, Inc.;** P.O. Box 31307 • Charlotte, NC 28231-1307
Fax 800-374-2082

Applicant Legal Business Name _____ DBA _____

Street Address _____ Billing Address _____

City _____ State _____ Zip _____

Entity Type: ☐ Corporation☐ LLC ☐ Partnership☐ Proprietorship

Phone # _____ Cell #: _____ Fax # _____

State of Organization _____

Email: _____

Year Business Organized _____

Duns Number _____ Federal Tax ID _____

Please attach a copy of the most current tax returns/financial statements available.

Principal/Owner's Name

Title

NAME OF SUPPLIERS

Name	Account#	Street Address		
Telephone #	Fax#	City	State	Zip
Name	Account#	Street Address		
Telephone #	Fax#	City	State	Zip

NAME OF BANK(S)/FACTOR(S)

Name	Account #	Street Address		
Telephone #	Fax#	City	State	Zip
Name	Account#	Street Address		
Telephone #	Fax#	City	State	Zip

Authorized by: _____

Name:

Title: