





PTL WEBSITE CREDIT APPLICATION

NAME OF BUSINESS:	BUYER:
BUSINESS ENTITY: ___ PROPRIETORSHIP ___ CORPORATION	DATE BUSINESS STARTED:
TYPE OF BUSINESS:	EMPLOYER I.D. (EIN):
STATE IN WHICH CHARTERED:	SALES TAX No:
BILLING ADDRESS: _____ _____	CONTACT:
CITY: _____ STATE: _____ ZIP: _____	PHONE NUMBER:
SHIP TO ADDRESS: _____ _____	FAX NUMBER:
CITY: _____ STATE: _____ ZIP: _____	E-MAIL:
	URL: www. _____
	AP CONTACT:
	PHONE NUMBER:
	FAX NUMBER:
	E-MAIL:
	URL: www. _____

OWNERS, PARTNERS, OFFICERS AND GUARANTORS

Owner/Partner/Officer/Guarantor Name:	SSN:
Title: _____	Ownership: _____
DOB: _____	DRL #: _____
Home Address: _____	City: _____ State: _____ Zip: _____
Home Phone: _____	Home Fax: _____ E-mail: _____

CREDIT AMOUNT REQUESTED: \$

Payment Method Requested: _____ Personal Check _____ Company Check _____ Cashiers Check
<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 
EXPIRES _____ MO. _____ YR.
Card Billing Address: _____ City: _____ State: _____ Zip: _____
Name as it appears on card: _____ Card number: _____ Signature: _____

The Credit Card You Selected Will be used For Payment Of Past Due Invoices For "NET" Credit Customers

GENERAL COMPANY INFORMATION

Number of employees: _____	Annual Sales: USD \$ _____
*Financial Statements Attach	Yes: _____ No: _____
Financial Statements will be forwarded by:	
Phone/Ext. _____	E-mail: _____

BANKING REFERENCE

Bank Name:	Type of account:
Address:	Officer:
City: _____	State: _____ Zip: _____
Phone/Ext. _____	Fax number: _____
Account Number: _____	ABA: _____

COMMERCIAL/VENDOR REFERENCES

Creditor/Vendor Name 1:	Contact:
Address:	
City: _____	State: _____ Zip: _____
Account Number: _____	Credit Limit: _____
Creditor/Vendor Name 2:	Contact:
Address:	
City: _____	State: _____ Zip: _____
Account Number: _____	Credit Limit: _____
Creditor/Vendor Name 3:	Contact:
Address:	
City: _____	State: _____ Zip: _____
Account Number: _____	Credit Limit: _____