

CREDIT APPLICATION

Date: _____

Client Name _____ **Representative** _____

Accounts are factored by **The CIT Group/Commercial Services, Inc.** • Phone: 704-339-2200 •

Send complete application to: The CIT Group; Two Wachovia Center • 301 S. Tryon St. Suite 2400 Attn: Credit Application Dept. Charlotte, NC 28282-1903 • Fax: 704-339-2226 • E-mail: CMScreditapps@cit.com

Applicant Legal Business Name _____ DBA _____

Street Address _____ Billing Address _____

City _____ State _____ Zip _____ Corporation Type: C Corporation Phone

_____ Cell # _____ LLC Corp. S Corporation

Fax # _____ E-mail: _____ Partnership Proprietorship

DUNS# _____ Federal Tax ID# _____ State of Organization _____
Year Business Organized _____

Accountant's Name _____ Accountant's Phone # _____

Attach a copy of most current tax returns & financial statements signed by your Accountant.

Principal/Owner's Name	Position/Title

NAME OF BANK(S)/FACTOR(S)

Name:	Telephone #:	Contact Name:	Phone #:
Account #:	Fax #:	Borrowing: Yes/No	Type:
Average Balance:	Month/Yr. Opened:	Secured: Yes/No	Guaranteed: Yes/No
Name:	Telephone #:	Contact Name:	Phone #:
Account #:	Fax #:	Borrowing: Yes/No	Type:
Average Balance:	Month/Yr. Opened:	Secured: Yes/No	Guaranteed: Yes/No

NAME OF SUPPLIERS

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

The Applicant hereby authorizes, without reservation, any of the Applicant's suppliers, banks, factors or other creditors (individually, a "Releasing Party") contacted by CIT and its Representatives to furnish the above-mentioned information to CIT and its Representatives. CIT and its Representatives are authorized to provide this Credit Application to any Releasing Party upon such Releasing Party's request.

Principal's Signature (Responsible for Operations) _____

Principal's Name & Title (Please Print) _____ Date _____