

CREDIT APPLICATION



OFFICE MOVING ALLIANCE
-- GLOBAL REACH --
WORKSPACE IN MOTION

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Corporation Partnership Proprietorship Government Other

Federal Tax ID# (State): _____ Social Security Number (Ind): _____

Nature of Business: _____ Credit Limit Requested: _____

Date Business Started: _____ Length of Time In Business: _____

Parent Company Name: _____

City: _____ State: _____ Zip: _____

Are you subject to Sales Tax? Yes No (If No, we must have an exemption certificate on file)

Contact Person In Accounts Payable: _____ Phone Number: _____

Officers/Principals (Name and Title)

1. _____

2. _____

3. _____

Trade References: (Must Have Three)

Company Name

Phone Number

Fax Number

1. _____

2. _____

3. _____

Bank References:

Name of Bank: _____ Account Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Phone Number: _____

Applicant Signature

Title

Personal Guarantee:

In consideration of credit being extended to the above named firm, I personally guarantee all indebtedness hereunder. I further agree that this guarantee is an absolute, complete and continuing one, and no notice of the indebtedness or an extension of credit already or hereafter contracted by or extended need to be given. The terms may be rearranged, extended/and/or renewed without notice to me. That I will, within (5) days from the date of notice that the account is past due, pay the amount due.

Signed this _____ day of _____ 20 ____ .

Signature

Authorized Officer (print or type)

Title

For OMA (Office Moving Alliance) Use Only

DUNS #: _____ D&B Rating: _____ Amount of Credit Approved: \$ _____

Credit Manager: _____ Sales Manager: _____ General Manager: _____