

B.C.I. LLC

287 Keap Street. Brooklyn NY 11211
Tel 866 971-1008 fax 7185991935
bcwideformat@gmail.com

Credit Application

Applicant Information:

Company: _____
Telephone #: _____
Fax #: _____
Email: _____
D&B #: _____
Street Address: _____
City: _____
State, Zip: _____
Billing Address: _____
Owner/Contact: _____

Business Structure: Corporation
 Partnership Sole Proprietorship
 Other (Specify): _____

Employer (Federal) ID# _____
Sales Tax Exempt # _____

Bank References:

Bank Name: _____
Address: _____
City, State: _____
Zip, Country: _____
Telephone #: _____
Account #: _____
Account officer name: _____
Account Type: Checking Savings
 Other (Specify): _____

Trade References:

1. Company: _____
Telephone #: _____
Fax #: _____
Address: _____
City, State: _____
Zip, Country: _____
Payment Terms: _____
Credit Limit: _____
Contact: _____
Account #: _____

Trade References:

2. Company: _____
Telephone #: _____
Fax #: _____
Address: _____
City, State: _____
Zip, Country: _____
Payment Terms: _____
Credit Limit: _____
Contact: _____
Account #: _____

Trade References:

3. Company: _____
Telephone #: _____
Fax #: _____
Address: _____
City, State: _____
Zip, Country: _____
Payment Terms: _____
Credit Limit: _____
Contact: _____
Account #: _____

I have read this document and by signing it below, I give B.C.I. LLC. authority to inquire from the listed references all information pertinent to this application. Furthermore, I authorize the banks and companies given as references herein to release to B.C.I. LLC. any information relevant to this application.

Signature: _____
Name: _____
Title: _____
Date: _____

Approval: _____
Amount Requested: _____