



CREDIT APPLICATION

CUSTOMER INFORMATION:

Customer Name _____ Tax ID No. _____

Mailing Address _____

Billing Address _____

Phone Number _____ Fax Number _____

Have you ever had an account with FGL before? _____

If so, when _____

How long in business _____

How long at this location _____

Type of business: Sole Proprietor _____ Partnership _____ Corporation _____ Government _____

Drivers License Number, (Sole Proprietor Only) _____

List names of principal officers or partners _____

CREDIT REFERENCES:

1. Name _____ Phone No _____

Address _____ Fax No _____

_____ Email _____

2. Name _____ Phone No _____

Address _____ Fax No _____

_____ Email _____

3. Name _____ Phone No _____

Address _____ Fax No _____

_____ Email _____

4. Name _____ Phone No _____

Address _____ Fax No _____

_____ Email _____