

HIS HEART ART - Credit Application

Billing Information

Name of Business:
Address:
City/State/Zip:
Telephone:
Fax:
E-mail:
Website:
SAN:
EIN:

Business Information

Type of Ownership: _____ Date Business Established: _____
Length of Present Ownership/Management: _____
Type of Business: _____ Store Size: _____ Sales Tax #: _____
Owners Name: _____
Owners Residence Address: _____
Owners Phone: _____
Bank Name: _____ Account#: _____
Address: _____
Phone: _____ Contact Person: _____

Trade References: (List 3)

<u>Name</u>	<u>Location</u>	<u>Account #</u>	<u>Phone</u>
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Annual Gross Sales Information:

2008

2009

Projected 2010 Gross Sales:

Additional Information:

Signature: _____

Title: _____ Date: _____