

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)

Name

Location

Account #

Phone

Annual Gross Sales Information:

2005

2006

Projected 2007 Gross Sales: _____

Additional Information:

Signature: _____

Title: _____

Date: _____