

# CREDIT APPLICATION FOR LAKESHORE BROKERAGE, INC.



## BUSINESS INFORMATION

Company Name		Phone	
Primary Business Address		Fax	
City		E-mail	
State		Date business commenced?	
<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other
		How long at current address?	

## BANK/CREDIT INFORMATION

Bank Name		Bank Phone	
Bank Address		Bank Fax	
City		Account Number	
State		Type of Account	
Zip		<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	

## COMPANY CONTACT INFORMATION

Name		Title	
Phone		Company Name	
Fax		Address, City, State, and Zip if Other than Primary Business Address	
E-mail			

## ACCOUNTS PAYABLE CONTACT INFORMATION

Title		Phone	
Name		E-mail	

## CREDIT REFERENCES

Company Name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Company Name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Company Name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	

## AGREEMENT

1. All invoices are to be paid 15 days from the date of the invoice.
2. By submitting this application, you authorize Lakeshore Brokerage, Inc. to make inquiries into the banking and business/credit references that you have supplied.

## SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	