



Ensure Technologies

CREDIT APPLICATION

Company Name _____
Contact _____
Phone _____ Fax _____
Address _____
Name of Parent Company if subsidiary _____
Name of Owner/Authorized Officer _____
Is Business Incorporated _____ If so, in what State _____

BANK INFORMATION

Name _____ Contact _____
Phone _____ Fax _____
Account No. _____
Address _____
City _____ State _____ Zip Code _____

REFERENCES

Company _____ Contact _____
Phone _____ Fax _____
Address _____
City _____ State _____ Zip Code _____

Company _____ Contact _____
Phone _____ Fax _____
Address _____
City _____ State _____ Zip Code _____

Company _____ Contact _____
Phone _____ Fax _____
Address _____
City _____ State _____ Zip Code _____

Authorized Signature _____ Date _____



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Due to the tightening of regulations in the divulging of credit information, banks are now requiring written authorization from their depositor for release of any information in regards to their account.

Please sign this authorization and return it along with your completed credit application.

Thank you for your cooperation.

Date: _____

I give my permission for the release of information about my account as required on the attached Verification of Credit letter.

Name & Title

Signature

Account Number