



Phone: (717) 684-5050
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 slaymakergroup.com

Credit Application

Company Information

Company Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Type of Business _____ Year Established _____

Tax Exempt? Yes _____ No _____ Tax Exemption Number _____

Personnel

Name	Title	Phone	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Bank Information

Bank Name _____

Street Address _____

City _____ State _____ Zip _____

Contact _____ Phone _____

References

No credit card or bank references will be accepted. Five references are required to complete this application.

Name _____
Street Address _____
City _____ State _____ Zip _____
Phone _____ Email _____ Account # _____

Name _____
Street Address _____
City _____ State _____ Zip _____
Phone _____ Email _____ Account # _____

Name _____
Street Address _____
City _____ State _____ Zip _____
Phone _____ Email _____ Account # _____

Name _____
Street Address _____
City _____ State _____ Zip _____
Phone _____ Email _____ Account # _____

Name _____
Street Address _____
City _____ State _____ Zip _____
Phone _____ Email _____ Account # _____

I certify that the above information is true and correct to the best of my knowledge.

Signature _____ Title _____ Date _____