



2822 Sable Mill Rd., Jeffersonville, IN 47130
 Toll Free: (877) 338-9403 Fax: (812) 288-7971
 When completed, please email or fax this form to Samuel Stubbs
 sstubbs@1stsourceproducts.com

BUSINESS CREDIT APPLICATION

GENERAL INFORMATION					
Legal Business Name:					
Address:					
City:				State:	Zip:
Phone:			Fax:		BUSINESS TYPE
Email:					
Tax ID:		Business Start Date:		Proprietorship	
Type of Business:					Partnership
					LLC
					Corporation

PRINCIPALS			
Owner's Name:		Phone Number:	
If Corporation, Officer's Names:			
President:		Vice President:	
Secretary:		Treasurer:	

BANK REFERENCE			
Bank Name:		Account No.	
Bank Address:			
City:		State:	Zip:
Bank Contact Name:		Phone No.	
Note: Please mail us a copy of your resale certificate when submitting electronic application.			
Resale Tax No.		Issuing State:	

BUSINESS CREDIT REFERENCES (Only those principal suppliers you buy from on open account)					
Name:					
Contact Name:			Phone:		
Address:					
City:			State:	Zip:	
Fax:			Account No.		
Name:					
Contact Name:			Phone:		
Address:					
City:			State:	Zip:	
Fax:			Account No.		
Name:					
Contact Name:			Phone:		
Address:					
City:			State:	Zip:	
Fax:			Account No.		

Credit Line Desired: _____

I hereby certify that the information contained herein is complete and accurate. This information is furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to 1st Source Products, Inc. for which credit is being applied for in order to verify information contained herein.

Applicant Electronic Signature and Title: _____ Date: _____