L. S. Rhoads, P. O. Box 554, Johnson City, NY 13790 Phone: 1-607-725-0756 Fax: 1-607-729-5486 Email:

Email: laura@lsrhoads.com

Business Credit Application

	Busir	ness details			
Name of the company:			Federal ID#		
Permanent address:	website:				
City:	ZIP code:	Phone#:	Fax	x #:	
	Compan	y credit histo	ry		
Current bank name:	amount of credit:				
Duration of payment:	monthly/annually installment amount:				
Address/branch info:					
Phone #:	Fax #:	Email	:		
	Busines	ss Reference			
Company Name:		Websi	te:		
Permanent address:		Phone	; #:		
City/ZIP code:		Fax #		L	
Account type:		Email:	Email:		
Company Name:		Websi	Website:		
Permanent address:		Phone	; #:		
City/ZIP code:		Fax #			
Account type:		Email:	Email:		
		Lagra			
Company Name:		Websi			
Permanent address:		Phone			
City/ZIP code:		Fax #:			
Account type:		Email:	Email:		
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Signature		- <u>-</u>	 ate		