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## Credit Application

CREDIT CANNOT BE EXTENDED UNTIL THIS FORM IS COMPLETED AND VERIFIED

### Business Information

Date: \_\_\_\_\_

Legal Business Name: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Type of Business: Corporation:  Partnership:  Sole proprietorship:

Status of Practice/Business: New:  Established:  # of Years: \_\_\_\_\_

Owner/Principal Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Owner/Principal Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Do any unsatisfied judgments exist?:  Yes  No If yes, explain: \_\_\_\_\_

Have you ever filed Bankruptcy?:  Yes  No If yes, explain: \_\_\_\_\_

**Bank Relationships**

Primary Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Bank Officer: \_\_\_\_\_ Account: \_\_\_\_\_

**Trade References**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

\_\_\_\_\_

Authorized Signature

Date

Title

If you would like to pay by credit card, please fill out the information below:

Type of Card: \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Name on Card: \_\_\_\_\_