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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: \_\_\_\_\_