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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: _____