



CREDIT APPLICATION

Company Name & Address:

Phone: () _____

Fax: () _____

Year Established: _____

Corporation: YES NO

Fed. Tax I.D. #: _____

Officers / Owners:

Name: _____ SSN: _____ - _____ % Ownership _____

Address: _____ Home Phone: () _____

Name: _____ SSN: _____ - _____ % Ownership _____

Address: _____ Home Phone: () _____

Bank: _____ Branch: _____

Address: _____

Phone: () _____ Acct. #: _____

Trade References:

_____	City: _____	Phone: () _____	Fax: () _____
_____	City: _____	Phone: () _____	Fax: () _____
_____	City: _____	Phone: () _____	Fax: () _____
_____	City: _____	Phone: () _____	Fax: () _____

Authorized Buyers: _____

I authorize Michaelo Espresso, Inc. to investigate the above information for the purpose of granting credit to this company (credit applicant). I further authorize Michaelo Espresso, Inc. to take appropriate measures to verify the credit application and release Michaelo Espresso, Inc. from any obligation and restrictions imposed by law while researching this information.

Signature: _____ Title: _____ Date: _____

Witnessed by: _____

