

# Credit Application



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BUSINESS NAME	PHONE	DATE

BUSINESS ADDRESS	CITY	STATE	ZIP

PROPRIETORSHIP \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_ WHEN INCORPORATED \_\_\_\_\_

**PRINCIPALS:** (Minimum of Two if corporation or partnership)

**1**

FULL NAME	TITLE	SSN	-	-

RESIDENCE ADDRESS	CITY	STATE	ZIP	PHONE

**2**

FULL NAME	TITLE	SSN	-	-

RESIDENCE ADDRESS	CITY	STATE	ZIP	PHONE

**BANK REFERENCES: \* Include Account Numbers \***

BANK NAME – CHECKING ACCOUNT #	BRANCH ADDRESS	PHONE NUMBER

BANK NAME – LOAN #	BRANCH ADDRESS	PHONE NUMBER

**TRADE REFERENCES: \* Include Telephone Numbers \***

**1**

NAME	COMPLETE ADDRESS	PHONE NUMBER

**2**

NAME	COMPLETE ADDRESS	PHONE NUMBER

**3**

NAME	COMPLETE ADDRESS	PHONE NUMBER

**4**

NAME	COMPLETE ADDRESS	PHONE NUMBER

**AUTHORIZATION:**

**PRINCIPAL'S SIGNATURE REQUIRED \* 2 Signatures required for Corporation or Partnership \***

NAME	COMPLETE ADDRESS	PHONE NUMBER

NAME	COMPLETE ADDRESS	PHONE NUMBER

FOR OFFICE USE ONLY			
SALES REPRESENTATIVE	CONTRACT TYPE	CREDIT LIMIT	DATE APPROVED
CREDIT MANAGER'S SIGNATURE	SPECIAL COMMENTS		