



captionmax

**CREDIT APPLICATION****Business Name:** \_\_\_\_\_**Mailing Address:** \_\_\_\_\_**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_**Federal I.D. #:** \_\_\_\_\_ **D&B Number:** \_\_\_\_\_**Type of Business:**  Corporation  Partnership  Sole Proprietorship  Other**State of Incorporation:** \_\_\_\_\_

(If applicable, please provide a copy of the MINNESOTA Resale Exemption Certificate)

**Years in Business:** \_\_\_\_\_

OWNERS/OFFICERS	
<b>(1) Name:</b>	<b>Position Held:</b>
<b>Address:</b>	
<b>(2) Name:</b>	<b>Position Held:</b>
<b>Address:</b>	
BANK REFERENCES	
<b>Name:</b>	<b>Acct. No.:</b>
<b>Address:</b>	
<b>Tel No.:</b>	<b>Fax No.:</b>
<b>Type:</b> <input type="checkbox"/> Savings <input type="checkbox"/> Checking	
<input type="checkbox"/> Please also complete the attached <b>Bank Reference Inquiry Form</b>	
TRADE REFERENCES	
<b>(1) Name:</b>	<b>Phone No.:</b>
<b>Address:</b>	<b>Fax No.:</b>
<b>(2) Name:</b>	<b>Phone No.:</b>
<b>Address:</b>	<b>Fax No.:</b>
<b>(3) Name:</b>	<b>Phone No.:</b>
<b>Address:</b>	<b>Fax No.:</b>
<b>Pending Lawsuits Against Company:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (please detail on reverse side)	

The undersigned authorizes inquiry as to credit information. We further acknowledge that credit privileges, if granted, may be withdrawn at any time. A personal guaranty, signed by owner, may be required for businesses in operation for less than two years.

**Signature:** \_\_\_\_\_**Title:** \_\_\_\_\_**Printed Name:** \_\_\_\_\_**Date:** \_\_\_\_\_2438 27<sup>th</sup> Ave S, Minneapolis, MN 55406

p: 612.341.3566 f: 612.341.2345

[www.captionmax.com](http://www.captionmax.com)



# BANK REFERENCE INQUIRY

I, \_\_\_\_\_ of \_\_\_\_\_  
(name) (title) (company)

acknowledge that **CAPTIONMAX** wishes to obtain a bank reference on the business  
checking account \_\_\_\_\_ of \_\_\_\_\_, and  
(number) (bank)

I fully authorize this information to be given.

\_\_\_\_\_  
(signature) (date)

----- **BANK USE ONLY** ----- **DO NOT WRITE BELOW THIS LINE** -----

How long has this account been open? : \_\_\_\_\_

**Average monthly balance:**

Low 4 figures     High 4 figures     Low 5 figures     High 5 figures     Low 6 figures

**Any stop payments on check? :**

None     1 to 4     5 to 10     10 to 20     More than 20

**Any NSF? :**

None     1 to 4     5 to 10     10 to 20     More than 20

Please furnish any other information that would help us make a decision on establishing terms with this account. Use "comments" section below.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Bank Stamp Here: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_