



CREDIT APPLICATION

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

CONTACT NAME: _____

PHONE: _____ **FAX:** _____ **CELL:** _____

EMAIL ADDRESS: _____ **WEBSITE:** _____

BUSINESS TYPE: CORP _____ PARTNERSHIP _____ PROPRIETORSHIP _____

FEDERAL ID#: _____

YEARS IN BUSINESS: _____

NAME OF BANK: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

BANK CONTACT: _____

PHONE NUMBER: _____

ACCOUNT NUMBER: _____

TRADE REFERENCES:

#1 _____ **PHONE:** _____

_____ **FAX:** _____

#2 _____ **PHONE:** _____

_____ **FAX:** _____

SIGNED BY: _____

Remit Signed Copy to:

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