



# Great Openings Credit Approval Application

Legal Name of Business \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email for Order Confirmation \_\_\_\_\_

Name and Title of Financial Contact \_\_\_\_\_

Email for Invoicing \_\_\_\_\_

Name and Title of Purchasing Contact \_\_\_\_\_

Have you purchased directly from Great Openings before? Yes \_\_\_ No \_\_\_ If yes, when? \_\_\_\_\_

Federal Tax I.D.: \_\_\_\_\_

Year business started: \_\_\_\_\_

Name and title of chief executive officer: \_\_\_\_\_

Is corporation a division \_\_\_ or subsidiary \_\_\_ If a subsidiary, name of parent corporation: \_\_\_\_\_

**Trade References: (List 3, or include on a separate document.)**

Company \_\_\_\_\_

Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

Company \_\_\_\_\_

**Bank Reference:**

Bank Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

This application is subject to Great Openings terms and conditions of sale, and authorizes Great Openings to obtain credit information from any credit source.

Applicant's Name (please print) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

For Great Openings Office Use Only:

Approval of Credit Application \_\_\_\_\_

Date \_\_\_\_\_