

REDCOM Credit Application

Send by facsimile to 585-924-6572

Credit Line Requested: _____ Date: _____

BUSINESS INFORMATION:

Legal Business Name: _____

Contact: _____ Title: _____ Phone: (____) _____

Street Address: _____ City, State, Zip: _____

Type of Business: Corporation: Partnership: Sole Proprietorship: Non/Profit:

Status of Business: New: Established: Number of Years: _____

Owner/Principal Name: _____ Social Security or EIN: _____

Street (home address): _____ City, State, Zip: _____

Owner/Principal Name: _____ Social Security or EIN: _____

Street (home address): _____ City, State, Zip: _____

Do any unsatisfied judgments exist? Yes No

If yes, explain: _____

Have you ever filed Bankruptcy? Yes No

If yes, explain: _____

BANK AND TRADE RELATIONSHIPS:

Primary Bank: _____ Branch: _____ Phone: (____) _____

Bank Officer: _____ Account # _____

Other Bank: _____ Branch: _____ Phone: (____) _____

Bank Officer: _____ Account # _____

TRADE REFERENCES:

Company: _____ Phone: (____) _____

Contact: _____ Fax: (____) _____

Company: _____ Phone: (____) _____

Contact: _____ Fax: (____) _____

Company: _____ Phone: (____) _____

Contact: _____ Fax: (____) _____

Company: _____ Phone: (____) _____

Contact: _____ Fax: (____) _____

Signature _____ Date _____ Title _____