

CREDIT APPLICATION

Date _____

Supplier: _____

Business Information

Company Type*

- ☐ Corporation ☐ Federal ☐ LLC ☐ Municipality ☐ Partnership
☐ Private School ☐ Public School ☐ State ☐ Sole Proprietorship
(additional info required on next page)

Business Name* _____

DBA _____

DUNS Number _____

Website URL _____

Industry* _____

Federal Tax ID* _____

Organization State* _____

Year Established* _____

Number of Employees* _____

Requested Credit Limit* _____

Address 1* _____

Address 2 _____

City* _____

State* _____

Postal Code* _____

Country* _____

Phone Number* _____

Fax Number _____

*Denotes required field. Application will not be processed without the necessary information.

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Date _____

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Account Payable Contact

First Name* _____ Last Name* _____

Title* _____ Phone Number* _____

Email Address* _____

Applicant Information

First Name* _____ Last Name* _____

Title* _____ Phone Number* _____

Email Address* _____

This section is only for Businesses who selected 'Sole Proprietorship' as Company Type.

Sole Proprietorship Buyer Agreement

Are you authorized to apply for credit on behalf of your organization?*

☐ Yes

☐ No

SSN* _____

Date of Birth* _____

Annual Income* \$ _____

Please print to sign, and then scan and email back to admin@4tekgear.com.

Signature*

Submit via email to: admin@4tekgear.com

*Denotes required field. Application will not be processed without the necessary information.

