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## PACIFIC PRIDE CREDIT APPLICATION

<b>Circle One:</b>	<b>Corporation</b>	<b>Partnership</b>	<b>Limited Partnership</b>	<b>Proprietorship</b>
<b>Business Name:</b> _____				
Physical Address: _____			City: _____	State: _____ Zip: _____
Billing Address: _____			City: _____	State: _____ Zip: _____
Phone #: _____	Fax #: _____	Website: _____		
<b>Federal ID#:</b> _____		Line of Business: _____		
Date Business Began: _____		Number of Employees: _____	Annual Sales: _____	
Contact Person: _____		Title: _____	Email: _____	

**Billing Information**

**Owner #1:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email #: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

**Owner #2:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email #: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

**Banking References**

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

**Business References (Required)**

Business Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

*I authorize this organization to request a consumer and business credit report for the purposes of determining my current and continued credit worthiness. The permissible purpose(s) for which the report is being obtained certifies the report will not be used for any other purpose. I understand that this organization will be requesting a consumer credit and business report in conjunction with this commercial business application. I release all such persons from any liability or damages that may be incurred as a result of such an inquiry or the furnishing of such information. I certify that the information on this application is true and complete. Additionally, I agree to all of the terms as outlined on the reverse side of this document.*

Signature (Owner): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: Co-Owner: \_\_\_\_\_ Date: \_\_\_\_\_