



Phone: (717) 684-5050
 Fax: (717) 684-6180
 www.slaymakergroup.com

Credit Application

Company Information

Company Name _____
 Street Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____ Email _____
 Type of Business _____ Year Established _____
 Tax Exempt? Yes _____ No _____ Tax Exemption Number _____

Personnel

Name	Title	Phone	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Bank Information

Bank Name _____
 Street Address _____
 City _____ State _____ Zip _____
 Contact _____ Phone _____

References

No credit card or bank references will be accepted. Five references are required to complete this application.

Name _____
Street Address _____
City _____ State _____ Zip _____
Phone _____ Email _____ Account # _____

Name _____
Street Address _____
City _____ State _____ Zip _____
Phone _____ Email _____ Account # _____

Name _____
Street Address _____
City _____ State _____ Zip _____
Phone _____ Email _____ Account # _____

Name _____
Street Address _____
City _____ State _____ Zip _____
Phone _____ Email _____ Account # _____

Name _____
Street Address _____
City _____ State _____ Zip _____
Phone _____ Email _____ Account # _____

I certify that the above information is true and correct to the best of my knowledge.

Signature _____ Title _____ Date _____