



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

PVF Representative

If applicable, choose the PVF representative that you've been in contact with:

Business Contact Information

Company name:

Phone:

Fax:

Email:

Company street address:

City:

State:

ZIP:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

Accounts Payable & Credit Information

Primary billing address:

City:

State:

ZIP:

Accounts payable contact:

Phone:

Fax:

Email:

Bank name:

Bank address:

Phone:

City:

State:

ZIP:

Type of account:

Account number:

Taxable: Yes No

If no, account number:

If yes, County:

City:

Business/Trade References

Company name:

City:

State:

ZIP:

Phone:

Fax:

Email:

Company name:

City:

State:

ZIP:

Phone:

Fax:

Email:

Company name:

City:

State:

ZIP:

Phone:

Fax:

Email:

Guarantor Signature

Title:

Date:

Please fax back to (501) 687-9085 or email accounting@pvfind.com