

_____ Department

CREDIT APPLICATION

Application Information

Company Name _____

Address _____
Street, RFD, Box City State Zip

Billing Address (If different from above) _____

Company Contact _____
Name Title Phone No.

Tax ID# or Social Security # _____

Name and Address of Bank Used _____

REFERENCES

	Company Name	Address	Phone No.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Applicant's Signature _____ Title _____ Date _____

Please list types of services requested and frequency of use anticipated.

Do you currently have an account with the City? If so, what type and account number

Please Mail To: **City of Charlotte**
Revenue Manager
600 East 4th Street
Suite 287
Charlotte, N.C. 28202

(FOR FINANCE DEPT USE ONLY)

CREDIT VERIFICATION

#1	#2	#3
Date Contacted: _____	Date Contacted: _____	Date Contacted: _____
Via: _____	Via: _____	Via: _____
Person Contacted: _____	Person Contacted: _____	Person Contacted: _____
Title: _____	Title: _____	Title: _____
Remarks: _____	Remarks: _____	Remarks: _____

Verified by _____ Remarks _____

Credit Approved _____ Rejected _____ Date _____

Credit Limit: _____

Revenue Manager: _____

Customer Number _____