



APPLICATION FOR CREDIT
 PO Box 1205 Chandler, AZ 85244
 P 480.820.1234 F 480.820.2232
 www.LaborSystems.com

MANDATORY INFORMATION REQUIRED IN ORDER TO EXTEND ADDITIONAL CREDIT

Company Name:		Phone Number: ()	
DBA:		Contact Name:	
In business since:		Position:	
Federal Tax ID# (Or Social Security Number)		Fax Number:	
Billing Address:		Physical Address:	
City, State, Zip:		City, State, Zip:	
President:		Owner's Name:	
Please check applicable box:		Contractor's License #:	
<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Sole Proprietorship	<input type="checkbox"/>	Individual

BANK INFORMATION

Bank Name:	Checking Account #:
Bank Address:	Bank Phone Number:
City, State, Zip:	Bank Fax Number:

TRADE REFERENCES

Name:	Acct #:	Name:	Acct #:
Phone:	Fax:	Phone:	Fax:
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Name:	Acct #:	Name:	Acct #:
Phone:	Fax:	Phone:	Fax:
Address:		Address:	
City, State, Zip:		City, State, Zip:	

I certify that the above information is true and correct, and that I can and will comply with the terms and conditions of such credit as you extend. I furthermore authorize the release of credit information from the above stated references to LABOR SYSTEMS by the above-mentioned references.

Principal Authorized Signature

Date