



REQUEST FOR ADDITIONAL CREDIT

CUSTOMER INFORMATION

Company Name: _____

Billing Address: _____
Street Address _____ Building #/Unit # _____
City _____ State _____ Zip Code _____

Phone Number: _____ Brad & Dunstreet #: _____

Requested Credit Limit: \$ _____

BANK INFORMATION

Bank Name: _____

Bank Address: _____
Street Address _____ Building #/Unit # _____
City _____ State _____ Zip Code _____

Bank Contact: _____
Name _____ Phone Number _____

Date Account Opened: _____

TRADE REFERENCES (MAJOR SUPPLIERS)

Contact 1: _____
Company Name _____ Contact Name _____
Phone Number _____ Email _____ Account Number _____
Street Address _____ Building #/Unit # _____
City _____ State _____ Zip Code _____

Contact 2: _____
Company Name _____ Contact Name _____
Phone Number _____ Email _____ Account Number _____
Street Address _____ Building #/Unit # _____
City _____ State _____ Zip Code _____



Contact 3:

Company Name		Contact Name
Phone Number	Email	Account Number
Street Address		Building #/Unit #
City	State	Zip Code

Contact 4:

Company Name		Contact Name
Phone Number	Email	Account Number
Street Address		Building #/Unit #
City	State	Zip Code

You represent that you are an authorized representative with authority to enter into this agreement and the information contained in this Application and that any attachment is true, correct, and complete. You consent to Checkers Marketing Inc. (Checkers) obtaining information about the Applicant from credit reporting agencies and other sources Checkers deems appropriate in considering this Application. If credit is extended, you agree to be bound by all the terms and conditions on Checkers invoices and posted on Checkers website. <https://checkerscleaningsupply.com/terms-conditions/>

Form submitted by: _____ Date: _____

If you have any questions, please do not hesitate to reach out to us by phone or email. Please return completed forms by email to customerservice.us@armorex.com