



John
BOOS
Since 1887

John Boos & Co.
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CONFIDENTIAL CUSTOMER CREDIT APPLICATION

Legal Name of Business: _____
 Trade Style Name (if different from legal name): _____
 Address of Business: _____
 City, State, Zip Code: _____
 Phone Number: _____ Fax: _____ E-Mail Address: _____
 Years in Business: _____ Financial Statement: Attached _____ Will Send _____
 Ownership: Corporation _____ Partnership _____ Proprietorship _____

Principal Owners or Stockholders:

Name	Street Address	City, State, Zip
_____	_____	_____
_____	_____	_____
_____	_____	_____

Bank References: (At least one complete bank reference is required.)

Name	Mailing Address	Account Number
_____	_____	_____
_____	_____	_____

Trade References: (6 complete trade references are required.) PLEASE INCLUDE FAX NUMBERS!

Company Name 1. _____ Mailing Address _____ City, State, Zip _____ Phone Number _____ Fax Number _____ E-Mail Address _____	4. _____ _____ _____ _____ _____ _____
Company Name 2. _____ Mailing Address _____ City, State, Zip _____ Phone Number _____ Fax Number _____ E-Mail Address _____	5. _____ _____ _____ _____ _____ _____
Company Name 3. _____ Mailing Address _____ City, State, Zip _____ Phone Number _____ Fax Number _____ E-Mail Address _____	6. _____ _____ _____ _____ _____ _____

Authorized Signature	Title	Date
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