

Maples Properties, LLC  
 3046 South Delaware, Ste. J  
 Springfield, MO 65804  
 417-883-9100  
 417-883-1015 Fax

# Business Credit Application

## Name/Address

Last:	First:	Middle Initial:	Title
Name of Business:			Tax I.D. Number
Address:			
City:	State:	ZIP:	Phone:

## Company Information

Type of Business:	In Business Since:	Gross Monthly Income:
Legal Form Under Which Business Operates:		
Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/>
If Division/Subsidiary, Name of Parent Company:	In Business Since:	
Name and Title of Company Principal Responsible for Business Transactions:	Social Security Number:	Date of Birth:
Address:	City:	State: ZIP: Phone:
Name and Title of Company Principal Responsible for Business Transactions:	Social Security Number:	Date of Birth:
Address:	City:	State: ZIP: Phone:

## Bank References

Institution Name:	Institution Name:	Institution Name:
Checking Account #:	Savings Account #:	Home Equity Loan: Loan Balance:
Address:	Address:	Address:
Phone:	Phone:	Phone:

## Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied in order to verify the information contained herein.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date