

CREDIT APPLICATION

Date: _____

Name of Firm or Corporation: _____

Street Address: _____

City: _____ State: _____ Zip: _____

The following information is submitted for your consideration as a basis of extension of credit to us:

We operate _____ (Type of Business). We have been established ____ years.

Our Legal Entity is: Corporation Co-Partnership Proprietorship

(If a Corporation, please list names of officers and titles. If other entity, list names of partners and owners.)

Name	Address	City, State, Zip
Annual Sales Volume:	No. of Salesmen:	Monthly Credit Desired:

The following are six trade references that we are presently doing business with:

Company Name	Street Address	City, State, Zip	Fax Number

We Bank at:

Bank Name:	Street Address	City, State, Zip
Date:	Signed by:	Title:

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize our bank(s) to release any information necessary to assist in establishing a line of credit.

Firm Name: _____

Address: _____

City, State, Zip: _____

Authorized By: _____

Return to:



MAX LEVY AUTOGRAPH, INC

220 W. ROBERTS AVE. PHILADELPHIA, PA. 19144-4298

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FAX (215) 842-3637