



Credit Application

In order to establish an account with Tapis, please complete the credit information below and fax this form to 914273-2875, Attn: Jill/Accounting. Thank you for your cooperation.

Name/Address

Last:	First:	Title:
Name of Business:		Tax ID #:
Address:		
City:	State:	Zip:
Phone:	Fax:	

Company Information

Type of Business:	In business since:	
Legal form under which business operates:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship	
If division/subsidiary, name of parent company:	In business since:	
Name of company principal responsible for business transactions:	Title:	
City:	State:	Zip:

Bank References

Institution Name:	Institution Name:	Institution Name:
Checking Account #:	Savings Account #:	Home Equity Loan #/balance:
Address:	Address:	Address:
Phone/Fax:	Phone/Fax:	Phone/Fax:

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone/Fax:	Phone/Fax:	Phone/Fax:
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. I understand that this information will be used to determine the amount and conditions of the credit to be extended. I also hereby authorize the financial institutions listed in this credit application to release necessary information to Tapis Corporation in order to verify the information contained herein.

Signature

Date

App. Karen Caputo 11/1/11