

TRADE ACCOUNT APPLICATION

NOTICE: To receive an initial line of credit, application must be completed in full.

A recognized account is a business located in a commercial district open to public during regular business hours. (Minimum 40 hours per week) having normal operating expenses such as rent, salaries, etc., a sign visible to the public, with a separate entrance from church or home.
(PLEASE PRINT OR TYPE)



DaySpring
P O Box 1010, Siloam Springs AR 72761

Please refer to Lead # _____
when placing initial order.

OFFICE USE ONLY

Account No. _____
Init. Cr. Limit \$ _____
Assigned Limit \$ _____
Ref. Letters _____

STORE NAME					DATE
STREET ADDRESS					TELEPHONE NUMBER
CITY / STATE / ZIP					() FAX NUMBER
DATE OPEN MONTH YEAR					STATE RESALE # (PLEASE ATTACH COPY)
STORE SIZE (FEET) X		MALL <input type="checkbox"/>	SHOPPING CENTER <input type="checkbox"/>	OTHER (DESCRIBE) <input type="checkbox"/>	()
SALES LAST YEAR (OR EXPECTED IF NEW)	IF NEW OWNER PURCHASE DATE	E-MAIL ADDRESS			FEDERAL TAX NUMBER

CONFIDENTIAL PERSONAL INFORMATION

OWNER/PRINCIPAL OWNER NAME	SOCIAL SECURITY #	HOME TELEPHONE NUMBER
HOME ADDRESS STREET / CITY / STATE / ZIP	THIRD PARTY NAME & TELEPHONE NUMBER (NOT RESIDING IN YOUR HOME)	

REFERENCES FROM WHOM WE MAY REQUEST CREDIT EXPERIENCE. SHOW NAME AND COMPLETE ADDRESS WITH ZIP. GIVE ACCOUNT NUMBER IF AVAILABLE.

1. Company Name	Street	City	State	Zip
Acct #	Fax #	Contact Name		
2. Company Name	Street	City	State	Zip
Acct #	Fax #	Contact Name		
Bank Name	Street	City	State	Zip
Name on Account	Phone #	Contact Name		

Have you ever closed a previous business due to financial difficulties?
 YES NO

This application shall be deemed a request for the extension of credit upon such terms and conditions as shall from time to time be adopted by vendor.

The undersigned individual who is either a principal of the credit applicant or a sole proprietor recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by DaySpring or its affiliates from time to time as may be needed, in the credit evaluation process.

I have read and agree to the above, and authorize DaySpring to share credit experience with those suppliers who inquire.

Signature (Owner) _____
Date _____ Printed Name _____