



CUSTOMER CREDIT APPLICATION

STORE NAME _____

ACCOUNTING CONTACT _____ YEARS IN BUSINESS _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

TYPE OF BUSINESS

SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION CO-OP

NAME OF OWNER _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

BANK REFERENCE

NAME OF BANK _____ ACCOUNT # _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

CREDIT REFERENCES

1. NAME _____ ACCOUNT # _____

PHONE _____ FAX _____

2. NAME _____ ACCOUNT # _____

PHONE _____ FAX _____

3. NAME _____ ACCOUNT # _____

PHONE _____ FAX _____

4. NAME _____ ACCOUNT # _____

PHONE _____ FAX _____

I, the undersigned, do hereby authorize my bank to provide Small Changes, Inc. with any required information, and do furthermore state that the information provided above is accurate and true to my knowledge.

CUSTOMER SIGNATURE _____ DATE _____