



AUTHORIZATION FOR APPROVAL OF CREDIT

This information allows us to present the best financing packages to meet your needs, and to justify consulting time we will make available

CREDIT AMOUNT REQUESTED: \$ _____

INDIVIDUAL OR FIRM NAME			DATE		
ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	TELEPHONE
ADDRESS OF CHIEF PLACE OF BUSINESS OR MAILING ADDRESS IF OTHER THAN ABOVE				TELEPHONE	
TRADE NAME			TYPE OF BUSINESS		
S.S. NO. OR FED TAX NO.		EMPLOYEES	ANNUAL REVENUE	NO. OF YEARS IN BUSINESS	

OWNERSHIP	<input type="checkbox"/> SOLE OWNER <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER				
	PRINCIPAL OR OFFICER	TITLE	S.S. NO.	WIFE'S NAME	HOME ADDRESS

BANK	NAME AND ADDRESS	TELEPHONE	ACCOUNT NO.	TYPE OF ACCOUNT	BANK OFFICER

TRADE	NAME	ADDRESS	TELEPHONE

IMPORTANT – PLEASE READ BEFORE SIGNING

I authorize you to obtain such information as you may require concerning the statements contained in this application. I hereby certify that all statements contained herein are true and are made for the purpose of obtaining credit.

Authorization is made to any Bank, Savings and Loan, or Financial Institution to release information to DTR Business Systems Inc. in connection with this application. I am willing that a photocopy of this authorization be acceptable with the same authority as the original. I understand that additional information such as business and personal financial statements and tax returns may be required. DTR uses the services of Dun & Bradstreet to assist in making financial decisions.

Date _____ Name _____

DTR Salesperson _____ By _____

Title _____