



### **Applying for Credit**

Net terms may be granted upon credit approval by our factors, CIT or Sterling National Bank. Customers applying for Net Terms should fill out the credit application. Applications are reviewed daily and credit approval or denial is communicated within 3-5 business days.

All completed and signed credit applications may be uploaded to the web or faxed to 310-631-6097, Attention: Credit Dept.

Next Level reserves the right to withdraw terms at any time and for any reason without prior notification.



**CREDIT APPLICATION**

Date: \_\_\_\_\_

Client Name \_\_\_\_\_

Factored by **The CIT Group/Commercial Services, Inc.,** P.O. Box 31307•Charlotte, NC 28231•Fax **704-339-3053**

Applicant Legal Business Name \_\_\_\_\_

DBA / Tradestyle \_\_\_\_\_

Street Address \_\_\_\_\_

Billing Address \_\_\_\_\_

Entity Type:  Corporation  Proprietorship  Partnership  LLC  Sub Chapter S

State of Organization \_\_\_\_\_ Year Business Organized \_\_\_\_\_

Phone# \_\_\_\_\_ Cell# \_\_\_\_\_ Fax# \_\_\_\_\_

Email \_\_\_\_\_ Federal Tax ID \_\_\_\_\_

**Dun and Bradstreet DUNS#** \_\_\_\_\_

Accountant's Name \_\_\_\_\_ Accountant's Phone # \_\_\_\_\_

**Attach a copy of most current tax returns/financial statements signed by your Accountant**

Principal/Owner's Name	Title

**NAME OF BANK(S)/FACTOR(S)**

Name	Account #	Contact Name
Average Balance	Mth/Yr Opened	Borrowing: Yes / No      Type:
Telephone #	Fax#	Secured: Yes / No      Guaranteed: Yes / No

**NAME OF SUPPLIERS**

Name	Account#	Street Address
Telephone #	Fax#	City      State      Zip
Name	Account#	Street Address
Telephone #	Fax#	City      State      Zip

Authorized by: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

RETURN FORM TO THE CREDIT DEPARTMENT