



Business Credit Application Form

350 East Church Street, Frederick, MD 21701
Website: yellowcabfrederick.com Phone: 301-662-2250
Email: info@yellowcabfrederick.com

Name and Address

First: _____ Middle Initial: _____ Last: _____ Title: _____

Name of Business: _____ Tax I.D. Number: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Company Information

Type of Business: _____ In Business Since: _____

Legal Form Under Which Business Company: _____ Corporation Partnership Proprietorship

If Division/Subsidiary, Name of Parent Company: _____ In Business Since: _____

Name of Company Principal Responsible for Business Transactions: _____ Title: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Bank References

Institution Name: _____

Checking Account #: _____

Address: _____

Phone: _____

Trade References

Company name: _____

Contact Name: _____

Address: _____

Phone: _____ Accounted Opened Since: _____

Credit Limit: : _____ Current Balance: _____

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature: _____ Date: _____