

**SAGINAW OFFICE SERVICES, INC. CREDIT APPLICATION – SOLE-PROPRIETOR APPLICANTS**

Company Name: \_\_\_\_\_

Main Office Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Assumed Name Certification Filed? \_\_\_\_ Yes \_\_\_\_ No In What Counties? \_\_\_\_\_

Owner Resident Address: \_\_\_\_\_

S.S. #: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Name, Address, Phone & Relationship of Nearest Relative:

\_\_\_\_\_

**Local Business References:**

Name	Address	Phone	Fax	Contact Person
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Bank Reference:**

Bank Name \_\_\_\_\_ Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**CREDIT LIMIT DESIRED:** \$ \_\_\_\_\_

**SOS TERMS:** Net 10 days.

**FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE – PROCEED TO PAGE 2**

Approved Credit Limit: \$ \_\_\_\_\_ Not Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Reason: \_\_\_\_\_

SOS Express Signature: \_\_\_\_\_

**SAGINAW OFFICE SERVICES, INC. CREDIT APPLICANTS –  
SOLE-PROPRIETOR APPLICANTS**

I HEREBY AUTHORIZE SAGINAW OFFICE SERVICES, INC. TO INVESTIGATE MY CREDIT AND BANKING ACTIVITIES THROUGH PHONE CONVERSATIONS AND FAXING OF THIS FORM TO THE BUSINESSES REFERENCED ON PREVIOUS PAGE.

Signature and Title:

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Printed Name and Title:

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Printed Company Name:

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Date:

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**VENDOR: PLEASE FILL OUT THIS FORM AND FAX BACK TO SAGINAW OFFICE SERVICES, INC. AT (989) 249-7679 AS SOON AS POSSIBLE.**

1. Your Company Name. \_\_\_\_\_

2. How long has the applicant been a customer with your company?

\_\_\_\_\_

3. On what credit terms?

\_\_\_\_\_

4. Highest Balance?

\_\_\_\_\_

5. Does the applicant consistently pay bills in a timely manner?

\_\_\_\_\_