



**CREDIT APPLICATION**

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

**Client /Vendor Name: Jack Cartwright, Inc. Representative Jerry Welch**

Accounts are factored by **The CIT Group/Commercial Services, Inc.** • Phone: 704-339-2860 •

**Send complete application to:** The CIT Group P.O. Box 33001 Attn: Credit Application Dept. Charlotte, NC 28233-3001 •

**Fax:** 800-374-2082      **Email:** jerry.welch@cit.com

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Corporation Type:     C Corporation

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_                                     LLC Corp.     S Corporation

Fax # \_\_\_\_\_ E-mail: \_\_\_\_\_                                     Partnership     Proprietorship

State of Organization \_\_\_\_\_

DUNS# \_\_\_\_\_ Federal Tax ID# \_\_\_\_\_ Year Business Organized \_\_\_\_\_

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

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

Principal/Owner's Name	Position/Title

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

Name:	Telephone #:	Contact Name:	Phone #:
Account #:	Fax #:	Address:	
Average Balance:	Month/Yr. Opened:	Borrowing: Yes/No	Type:
		Secured: Yes/No	Guaranteed: Yes/No
Name:	Telephone #:	Contact Name:	Phone #:
Account #:	Fax #:	Address:	
Average Balance:	Month/Yr. Opened:	Borrowing: Yes/No	Type:
		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:

The Applicant hereby authorizes, without reservation, any of the Applicant's suppliers, banks, factors or other creditors (individually, a "Releasing Party") contacted by CIT and its Representatives to furnish the above-mentioned information to CIT and its Representatives. CIT and its Representatives are authorized to provide this Credit Application to any Releasing Party upon such Releasing Party's request.

\_\_\_\_\_  
Principal's Signature (Responsible for Operations)

\_\_\_\_\_  
Principal's Name & Title (Please Print)                                    Date