



CASH ACCOUNT APPLICATION

This credit application must be completed in full and signed by the principal owner or officer of your company. All information will be held in strict confidence.

Business Name: _____ Phone No.: _____

Business Address: _____ Fax No.: _____

City: _____ State: _____ Zip: _____

Cell Phone No.: _____ Email address: _____

Business Information

Business Structure (Circle/Check One): Sole proprietor DBA LLC Corporation Partnership

Type of Construction performed: _____ Date Company Established: _____

Michigan Business License No.: _____ Expiration Date: _____

Anticipated Monthly Volume with us: \$ _____

Owner/Partner/Stockholders:

Name Address City State Zip Phone Social Security No.

Name Address City State Zip Phone Social Security No.

Name (printed)

Signature

Date