



## Credit Application

All lines on this application must be completed in full. Copies of pertinent documents must accompany the application when submitted to begin processing procedure.

• **BUSINESS TYPE:**

Sole Proprietorship       Partnership       Corporation       Contractor

Company Name: \_\_\_\_\_ Yrs in Business \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Email : \_\_\_\_\_ Web Site: \_\_\_\_\_

• **CORPORATE OFFICERS:**

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

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

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

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

• **BANK REFERENCES:**

Bank Name: \_\_\_\_\_ Acct #: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip / Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Bank Release / Account Information Release**

**I authorize \_\_\_\_\_ to release our Business account rating to**

(Your Bank)

**DrillingWorld.**

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Date**

Contractor's License# \_\_\_\_\_ State: \_\_\_\_\_

Bond Type: \_\_\_\_\_

Bond Company: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_ Resale Certificate: \_\_\_\_\_

**Please provide copy of all Resale Certificates, Contractor's License's and Insurance Bonds.**

**TRADE REFERENCES:**

Name: \_\_\_\_\_ Acct #: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip / Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Acct #: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip / Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Acct #: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip / Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

The above information is herewith submitted for the purpose of opening a LINE OF CREDIT and I do hereby certify this information to be true and accept Terms of 2% 10, Net30 days.

Authorized Signature: \_\_\_\_\_

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

**1458 Mariani Drive ~ Tracy, CA 95376**

800-331-9988 ~ 209-855-8300 (phone) ~ 209-839-9897 (fax)