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Fax or Mail Credit Application to: Universal Companies Inc. | 18260 Oak Park Drive | Abingdon, VA 24210 1.800.558.5571 | Fax: 1.800.237.7199 Completed application must contain <u>all</u> information requested to be processed.

UNIVERSAL CUSTOMER NUMBER:		CREDIT FOR:			
CREDIT LIMIT REQUESTED:		$\ \square$ Telephone, e-mail, fax, and online orders.			
			Telephone, e-mail,	and fax ord	ers only.
BUSINESS INFORMATION					
Legal Name of Business:				_ Federal I	D#:
Doing Business As:			E-mail Address: (Required for online acc		
Street Address:		_ City: _			
Billing Address:		City: _		State: -	Zip:
Phone #:	Fax #:		Website Ad	ldress:	
Accounts Payable Contact:	Phone #:		_ Email Address: _		
Business Start Date:	Date of Incorporation:	Descrip	tion of Business:		
Check One: ☐ Proprietorship	☐ Corporation ☐ LLC ☐ Non-Profit ☐ Other		Number of Employ	yees:	
D & B Number:					
OWNERS/PRINCIPLES/P	ARTNERS				
			Social Security	#:	
	E-mail:		-		
					·
			-		•
	E-mail:		,		
					•
DANK DEFENSES					
BANK REFERENCES	Account	# Chas	king		
	Account		•		
	For #.	-			·
	Fax #:		t/litie:		
E-maii:		-			
TRADE REFERENCES					
Name:	Phone #:			Fax #:	
Account #:	Contact:		E-mail:		
Name:	Phone #:			_ Fax #: _	
Account #:	Contact:		E-mail:		
	Phone #:				
Account #:	Contact:		E-mail:		
necessary to arrive at a decision regarding the information, authorizes all deposit, borrowing	tion provided with this application is true and correct and hereby authorize his application. To help fight terrorism and money laundering, the informati ng, financial, and trade information to be released to Universal Companies, address will allow Universal Companies to contact you by email, should it b	ion you provi its designee	de will be verified. The undersi s, assigns or potential assigns	igned, as designat	ted signer for all deposit, borrowing, financial, and trade
Authorized Signature:					
Title of Signatory (must be own	ner or officer):			{	(O)
Printed name of Signatory:			Date:		TH TM