

Business Credit Application

Please fill out the form below and fax it back to UniOne (Fax 213 385-5916).

CUSTOMER IDENTIFICATION

Customer Contact

(Required)

Customer Phone No.

(Required)

CUSTOMER COMPANY INFORMATION

Company Legal Name *(Required)*

Tax Identification No.

Billing Street Address *(Required)*

Fax No.

City/County/State/Zip *(Required)*

Country

Parent Company Name

Business Type

(Please Select)

- Corporation
- General Partnership
- Limited Partnership
- Not for Profit
- Proprietorship

City/County/State/Zip *(If Applicable)*

Equipment Location *(if different from above)*

Street Address

City/County/State/Zip

(Required If Location Differs From Above)

Nature of Business

Years in Business No. of Employees

If corporation

is selected,

please specify

the following:

State of Inc. _____

Date of Inc. _____

Limited Liability

State or Local Gov't

Principal/Partner/Officer

(Required If NOT Corporation)

Social Security No.

Ticker Symbol

(If company is publicly traded)

Home Street Address

(Required If NOT Corporation)

SIC Code

City/State/Zip

(Required If NOT Corporation)

Phone No.

Duns No.

**BANK
REFERENCE**

Bank Reference
(Required)

Account/Loan Officer

Phone No.
(Required)

Address *(City, State)*

**Checking/Loan
Account No.***(Required)*

Bank Reference Name

Account/Loan Officer

Phone No.

Address *(City, State)*

Checking/Loan Acct. #

**TRADE
REFERENCE**

Trade References (Name)
(At least One Required)

Phone No.
(Required)

1.

Phone No.

2.

Phone No.

3.

Authorization for Disclosure of Credit Information

The following authorization(s) shall apply to this application and subsequently for the purposes of update, renewal or extension of such credit for reviewing of collecting the resulting account. A photostatic or facsimile copy of this authorization shall be as the original.

Authorization for Disclosure of Business Information

Applicant hereby authorizes the release of credit information to UniOne LifeCare from any source including credit bureau reporting agencies and applicant's bank. I hereby represent that all the information contained in this credit application is true, correct and complete.

Signature _____
Name _____ Date _____

Authorization for Disclosure of Personal Information

By signing below, the undersigned individual who is either principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to UniOne LifeCare authorizing review of his/her personal credit profile from a national credit bureau.

Signature _____
Name _____ Date _____