

# COCKEY'S ENTERPRISES, INC

P.O. BOX 126

BALTIMORE, MD 21153-0126

Phone: 410-242-3344

Fax: 410-242-5566

## CREDIT APPLICATION

Business Trade Name: \_\_\_\_\_

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

City

State

Zip

\_\_\_\_ Partnership

\_\_\_\_ Proprietorship

\_\_\_\_ Corporation

\_\_\_\_ Other

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

Nature of Business: \_\_\_\_\_

Principal Officers: \_\_\_\_\_ Title: \_\_\_\_\_

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

### Bank References (2):

1. \_\_\_\_ Checking \_\_\_\_ Loan Bank Name: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_ Acct#: \_\_\_\_\_

Contact Officer: \_\_\_\_\_

2. \_\_\_\_ Checking \_\_\_\_ Loan Bank Name: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_ Acct#: \_\_\_\_\_

Contact Officer: \_\_\_\_\_

### Trade References (3):

Name

Address

Phone

Fax\*

Contact

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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I (the undersigned) hereby agree to abide by the terms stated on monthly statements and to pay any and all costs associated with recovery of past due amounts.

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_