

# Euro Limited.com

7347 West Friendly Ave. Suite B, Greensboro, NC 27410 Phone: 1 (800) 877-3876

To ensure the prompt processing of your credit application, please be sure that all sections are completed properly and allow two weeks for processing.

Name and address of Company (Street address only) Year business started \_\_\_\_\_  
\_\_\_\_\_  
Type of business \_\_\_ Mfr \_\_\_ Whsl \_\_\_ Ref \_\_\_ Dist  
Type of Product \_\_\_\_\_  
Phone \_\_\_\_\_

If Business is A: Sole proprietorship or partnership

Name(s) of owner	Home address of owner(s)
_____	_____
_____	_____
_____	_____
_____	_____

If business is incorporated; year incorporated \_\_\_\_\_ under laws of what state: \_\_\_\_\_

Name of parent company, if subsidiary: \_\_\_\_\_

Names of officers	Titles of officers
_____	_____
_____	_____
_____	_____
_____	_____

Resale: Yes: \_\_\_ No \_\_\_ Resale # \_\_\_\_\_

Financing secured by: \_\_\_ Bank \_\_\_ Supplers \_\_\_ Factor \_\_\_ SBA loan Other \_\_\_\_\_

Collateral secured: \_\_\_ mach \_\_\_ inventory \_\_\_ equip \_\_\_ acct receivables other \_\_\_\_\_

Bankruptcy: Is business currently operating under chapter x1 reorganization  
\_\_\_\_\_ yes \_\_\_\_\_ no

References: (give only names of those you buy from on open account).

Name	Address	Phone
1: _____	_____	_____
2: _____	_____	_____
3: _____	_____	_____
4: _____	_____	_____
5: _____	_____	_____

Name of Bank \_\_\_\_\_  
Bank Account # \_\_\_\_\_ Contact \_\_\_\_\_

Type of account \_\_\_ Com'L \_\_\_ Savings \_\_\_ Line of credit \_\_\_ yes \_\_\_ no  
Amount \$ \_\_\_\_\_ Amount \$ \_\_\_\_\_

Anticipated Monthly purchases \$ \_\_\_\_\_ Annual sales: \$ \_\_\_\_\_

For the purpose of obtaining merchandise from you on credit, the above statement in writing is made, intending that you should rely on same as correct. Furthermore, I hereby authorize the release of all credit information.

Signed (full name of firm) \_\_\_\_\_  
By: (name and title) \_\_\_\_\_ Date \_\_\_\_\_