



Credit Application

(*Note* Please allow 7-10 business days from receipt of information for performance of credit checks)
CUSTOMER INFORMATION (Please fax to TWN at 813-891-4712, thank you.)

Business Legal Name: _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Phone: _____ **Tax ID:** _____

Trade Style/DBA Name: _____ **Nature of Business:** _____

Type of Business: Non-Profit Proprietorship Partnership Private Corp. **Date Established:** _____

D & B Rating: _____ **D & B Number:** _____

BANK REFERENCES (Please provide at least 1 bank reference)

Bank Name / Branch	Contact	Fax #	Account No.	CK	SV	LN

TRADE REFERENCES (Please provide at least 3 trade references)

Firm Name	Contact	City, State	Fax #	Account No.

PRINCIPALS / OWNERS

Full Name	Title	Address	City	State	Zip	SSN

By signing below, you affirm that the information provided above is true and correct to the best of your knowledge and agree that TWN Corp, or its designees, may conduct a credit investigation contacting the above references, and order a consumer credit report(s) where a personal guarantee may be required. Provided credit is granted, we may without further notice to you, use or request subsequent credit bureau reports. **NOTICE:** The Federal Equal Credit Opportunity Act prohibits creditors from discriminating on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract).

BANK AND TRADE CREDIT INFORMATION RELEASE AUTHORIZATION

To: The bank and trade reference(s) as indicated above.
Please accept this authorization to disclose to TransWorld Network Corp, or its designees, customer information you would normally release to a creditor including: length of time account has been active, average monthly balances, how the account has been handled, and details of any lending relationship.

AUTHORIZED SIGNATURE X _____

Name: _____

Title: _____

Date: _____