Lovin' Life After 50

Promoting an Ageless Attitude Since 1979

CREDIT APPLICATION

Please check one: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation

Business/Corporation Name _____

DBA - Doing Business As _____

Years in Business _____ Date of Incorporation _____

Taxpayer Identification Number: SS# _____ F.E.I.N. _____

Street Address _____ City/State _____ Zip _____

Mailing Address _____ City/State _____ Zip _____

Type of Business _____ Business Phone _____

Mobile _____

Fax _____

Email _____

Bank _____ City/State _____ Acct. # _____

Bank _____ City/State _____ Acct.# _____

Buyer's Name _____ Phone _____

Accounts Payable Person _____ Phone _____

List Credit References for Business/Corporation

	Name	Address	City/State	Phone
1.				
2.				
3.				
4.				
5.				

Have you ever filed for relief in a federal bankruptcy court? ☐ Yes When _____

Check applicable box ☐ No MO/YR

I certify that the above information on this credit application is for the purpose of obtaining credit and is warranted to be true. I hereby authorize Lovin' Life to investigate the references listed pertaining to my credit and financial responsibility.
If credit is approved, I agree to your terms of Net due upon receipt of invoice.

Signature _____ Date _____

Print Name _____ Title _____

Lovin' Life After 50

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3200 N. Hayden Rd., Suite 330, Scottsdale, AZ 85251 800.959.1566 FAX 520.297.0704

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