

UNIVERSAL APPLICATION FOR DOMESTIC COMMERCIAL CREDIT

The following information is being provided in response to your request for the completion of a credit application. If there is information that your organization needs that is not provided on this Uniform Application for Domestic Commercial Credit, please contact us by dialing _____.

Legal Name: _____ State of Organization: _____
Billing and Shipping Address: _____
Primary Phone: _____ Fax: _____
Web Page URL: [www._____](#) Billing
Contact: _____ Billing Contact Phone: _____
Billing Contact Email: _____@_____.

Federal EIN: _____ DUNS #: _____
of Emps: _____ Avg Daily Cash Balance: \$ _____

Board Chairperson Name: _____ Telephone: _____
Email: _____@_____.

Chief Executive Name: _____ Telephone: _____
Email: _____@_____.

Bank Reference: _____ (Name of Bank)
_____ (Address)
_____ (Contact Name)
Phone: _____ Fax: _____
Email: _____@_____.
Account No: _____ Account Type: _____

Entity Type: **Public Charter School – 501(c)(3) Not for Profit**
Incorporation Date: _____
Authorized/Approved Date: _____
Authorizer: _____ (See Attached Authorization/Approval Certificate)
Taxable: **No** Tax Exempt Date: _____ (See Attached Letter of Determination)

Trade Reference #1:
Name: _____
Contact Name: _____ Title: _____
Address: _____
Telephone: _____ Account Number: _____

Trade Reference #2:
Name: _____
Contact Name: _____ Title: _____
Address: _____
Telephone: _____ Account Number: _____

