

THE BELLE GROVE CORPORATION
4024 BELLE GROVE ROAD
BALTIMORE, MD 21225

Phone: 410-789-7070
Fax: 410-789-3932
Email: info@bellegrove.com

CREDIT APPLICATION

NAME OF RESIDENT AGENT:

1. Business Name & Contact Person:
2. Business Address:
3. Business phone, fax & email:
4. Year Business was established: Business Type: Corp, LLC, Individual, Other:
5. Number of Employees: General Business Activity:
6. Bank Info: Account #:
7. Contractor's License No. Federal ID #:

OWNERS (if applicant is a sole proprietorship or partnership) Officers (if a corporation)

	NAME	Title	Home Address
8.			
9.			
10.			

Applicant's Principal Suppliers are (List at least three). Please supply **complete address and FAX No.**

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- 11.
 - 12.
 - 13.
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14. Has applicant or any of its Owners, Principals, Partners, Officers or Directors ever filed a voluntary petition in bankruptcy, been adjudged bankrupt, or made an assignment for the benefit of creditors?

YES NO

15. Are taxes owed by Applicant to any taxing authority current?

YES NO

16. Has a tax lien or civil suit ever been filed against Applicant or any of its Owners within the past six years?

YES NO

17. Is applicant or any of its Owners, Principals, Partners, Officers or Directors, a guarantor or endorser of debts or notes owned by others?

YES NO

18. Amount of Credit Requested:

Signature

Title

Date