



Credit Application

Legal Name of Business _____ DBA _____

Physical Address _____ City _____ St _____ Zip _____

Billing Address _____ City _____ St _____ Zip _____

Billing Contact _____ Phone# _____ Fax# _____

Billing Email _____

Check One: Partnership Corporation LLC Proprietorship

Nature of Business _____ Tax ID# _____ Duns# _____

Years in Business _____ Years Under Current Ownership _____

I hereby authorize Smith Corona to check the listed references above and authorize the release of any information that may be requested in order to establish credit with Smith Corona.

Authorized Signature & Title

Title