

Date Activated _____ Account No. _____

APPLICATION FOR CREDIT

Date _____

Social Security Number _____

Name of Company or Individual _____

Email Address _____

Tax Exempt _____ Tax Number _____

Street _____ City _____

State _____ Zip _____ Phone _____ Fax _____

Place of Employment _____

Business or Profession _____

Name & Title of Person to Contact _____

Name of Partner(s) _____

Location of Home Office _____

Credit Reference _____

Credit Reference _____

Credit Reference _____

Notification and Authorization to Pull Credit Reports

I authorize Douglas & Son, Inc. to obtain a credit report on myself through the credit-reporting agency of its choice. I further authorize Douglas & Son, Inc. to check my credit record, as needed, on a continuing basis as it relates to business purposes.

If an adverse decision is made due totally or partially to the information on the credit report, a credit report can be obtained, a summary of my rights under the Fair Credit Reporting Act, and the source of the credit report so that I may contact them, if I wish.

Name

Date

DOUGLAS & SON, INC.
231 W. Cedar St.
Kalamazoo, MI 49007
Phone 269-344-2860 Fax 269-344-4048
www.douglasandson.com