Pass Seller Business Reference and Credit Application



Credit Request

Credit limit requested by Applicant: \$_

Customer Information			Accounting		
Contact Name:			Processed By:		
Company Name:	pany Name: Processed By:				
			Date:		
Corporate Address:					
City: Stat	te:	Zip:	Approved Credit Limit:		
Billing Address:			\$		
City: Stat	te:	Zip:			
Accounts Payable Contact:	Р	hone Number:			
Business Information					
Type of Business:					
Please check one of the following: □ Corporation, □ Partnership, □ LLC, □ LLP, □ Sole Proprietor, □ Govt./Agency, □ Other(describe):					
Pate Established: State of Incorporation:					
Dun & Bradstreet Number:					
Federal Tax Identification Number:					
Business License Number: Attach copy of your license to application		City:			
Authorization for Credit and Reference Check					
Applicant authorizes Orange County Transportation Authority to conduct credit and reference checks required in connection with this application to become a Bus Pass Seller.					
Signature:		Date:			
Name:					
Title:					
Business References – please list 3-	-5 referen	ces with whom you curr	rently do business		
1. Business Name:					
Address:					
City: State):	Zip:			
Contact Name:		Phone:			
Account Number:					

Business References – continued						
2. Business Name:						
Address:						
City:	State:		Zip:			
Contact Name:	Phone:					
Account Number:						
3. Business Name:						
Address:						
City:	State:		Zip:			
Contact Name:		Phone:				
Account Number:						
4. Business Name:						
Address:						
City:	State:		Zip:			
Contact Name:		Phone:				
Account Number:						
5. Business Name:						
Address:						
City:	State:		Zip:			
Contact Name:		Phone:				
Account Number:						