

ACCOUNT APPLICATION									
Business Name:	DBA:								
Street Address:	City:			State:	Zip:				
County:		Email Address:							
Phone Number:		Cell Phone:			Fax:				
GENERAL INFORMATIO	N								
Federal Tax ID:		Year Established:			Dunns #:				
Legal Business Status:	Sole-Proprietor	Partnership	LLC	Corporation					
BANK REFERENCE									
Bank Name:		Date Acct Established:			Current Balance:				
Contact:		Telephone:			Fax:				
Address:		City / State:			Zip:				
REFERENCE FORM -	Three Required	l							
Business Name:		Contact:							
Street Address:			City:		State:	Zip:			
Phone Number(s):		Fax:							
How long have you been them?	n doing business wit	h							
Business Name:		Contact:							
Street Address:			City:		State:	Zip:			
Phone Number(s):		Fax:							
How long have you beer them?	n doing business witl	h							

Business Name:	Contact:		
Street Address:	City:	State:	Zip:
Phone Number(s):	Fax:		
How long have you been doing business with them?			

I hereby authorize the release of credit information and authorize PCG GLOBAL TRADE to complete a credit check and any other inquiry deemed necessary by PCG GLOBAL TRADE, its authorized finance partners, or its affiliates for the purpose of business evaluation.

Printed Name

Signature (Signature Required)

Title

Date

Please complete this form and return via e-mail to service@pcgglobaltrade.com