



**Name and Address**

Last	First	Middle Initial	Title
Name of Business		Tax ID Number	
Address		Fax	
City	State	Zip	Phone

**Company Information**

Type of Business	In Business Since		
Legal Name Under Which Business Operates			
Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/>	
Name of Person Responsible for Business Transactions			
Address		Title	
City	State	Zip	Phone

**Bank References**

Institution Name			Institution Name		
Checking Acct #			Checking Acct #		
Address			Address		
City	State	Zip	City	State	Zip
Phone			Phone		

**Trade References**

Company Name			Company Name		
Contact Name			Contact Name		
Address			Address		
City	State	Zip	City	State	Zip
Phone			Phone		
Acct Opened Since			Acct Opened Since		
Credit Limit			Credit Limit		
Current Balance			Current Balance		

<p>I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. Debtor agrees, in the event of default, to pay all expenses, including attorney fees, which are incurred or paid by Glove Nation, Inc.</p>	<p>Amount of Credit Requested</p> <p>_____</p> <p>Credit application will be processed in three to five business days.</p>
	<p>Signature _____ Title _____ Date _____</p>