



Shoman Staffing Services
 5810 Lomas Blvd NE
 Albuquerque, NM 87110

Credit Application

Contact Information		Billing Information							
Contact Name:		A/P Contact Name:							
Company Name:									
Phone:	Fax:	Phone:	Fax:						
Mailing Address:									
Physical Address:									
General Company Information									
Federal Tax ID Number:		Principle Officer:							
Dunn & Bradstreet Number:		Title:							
Legal Structure (check all that apply) <table style="width:100%; margin-top: 10px;"> <tr> <td style="width:33%;"><input type="checkbox"/> Corporation</td> <td style="width:33%;"><input type="checkbox"/> LLC</td> <td style="width:33%;"><input type="checkbox"/> Sole Proprietor</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> LLP</td> <td><input type="checkbox"/> Non-Profit</td> </tr> </table>				<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> LLP	<input type="checkbox"/> Non-Profit
<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Sole Proprietor							
<input type="checkbox"/> Partnership	<input type="checkbox"/> LLP	<input type="checkbox"/> Non-Profit							
In Business Since:									
Bank References									
Bank Name (#1):		Date Opened:	Bank Acct#/Type:						
Bank RTN:		Bank Address:	Bank City/State/Zip:						
Bank Contact:		Bank Phone:							
Bank Name (#2):		Date Opened:	Bank Acct#/Type:						
Bank Address:		Bank Address:	Bank City/State/Zip:						
Bank Contact:		Bank Phone:							
Trade References									
Company	Contact	Phone#-Fax#	Address						
1.									
2.									
3.									
4.									
Signature & Authorization									
<p>The signature below represents and warrants that (a) the party signing below is an authorized representative of the company; and (b) that the information provided herein is a complete and accurate representation of the company's financial situation as of the date hereof. By signing this form, I expressly authorize Shoman Staffing Services to contact the above references to determine credit worthiness.</p>									
Name/Title:		Signature:	Date:						