

# Crestmark Bank

1500 Gateway Blvd, Suite 250 ~ Boynton Beach, Florida 33426

## CREDIT APPROVAL INFORMATION

Corporate and Reference Data

Client Name \_\_\_\_\_ Rosalina Baby Collections, Inc. \_\_\_\_\_ Representative \_\_\_\_\_

Credit Department:

**CRESTMARK BANK**

Phone: 561-833-7006 Fax: 561-833-9968

Business Name \_\_\_\_\_ DBA \_\_\_\_\_

Street Address \_\_\_\_\_ Business \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Corporation                       S-Corp  
 Proprietorship                       C-Corp  
 Partnership  
 LLC                                      Years in Business [    ]

Phone \_\_\_\_\_ Fax \_\_\_\_\_ State of Incorporation \_\_\_\_\_

Officers (Corporation)

Partners (Partnership)

Owner (Proprietorship)

Pres.		
V-Pres.		
Treas.		

**Attach a copy of your most current Tax Return & Financial Statements**

### NAME OF SUPPLIERS

Name A/C# & Contact Name Telephone #	Street Address  City                                      State                                      Zip
Name A/C# & Contact Name Telephone #	Street Address  City                                      State                                      Zip
Name A/C# & Contact Name Telephone #	Street Address  City                                      State                                      Zip
Name A/C# & Contact Name Telephone #	Street Address  City                                      State                                      Zip
Name A/C# & Contact Name Telephone #	Street Address  City                                      State                                      Zip

### NAME OF BANK

Name A/C# , Tax ID #, Contact Name Telephone #	Street Address  City                                      State                                      Zip
Name A/C# , Tax ID #, Contact Name Telephone #	Street Address  City                                      State                                      Zip

### NAME OF FACTOR

Name A/C# , Tax ID #, Contact Name Telephone #	Street Address  City                                      State                                      Zip
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The undersigned authorizes the above bank (s) to release credit information to Crestmark Bank.

Signature \_\_\_\_\_ Account # \_\_\_\_\_ Date \_\_\_\_\_