



APPLICATION FOR CREDIT

BY:	Name _____	Years At this address: _____
	Address _____	Phone Number: _____
	City _____ State _____ Zip Code _____	Fax Number: _____

Hereby Applies for Credit in accordance with terms and condition of:

TO:	WESTERN MESSENGER SERVICE, INC. 75 COLUMBIA SQUARE SAN FRANCISCO, CA 94103-4015 PHONE: 415-487-4100 FAX: 415-522-1847	CREDIT MANAGER _____ OUR NORMAL CREDIT TERMS _____
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The Following information must be provided. It will be held in the strictest confidence.

Corporation Check here if incorporated within the past 12 months Partnership Individual

OWNERSHIP:

NAME(S) OF PRINCIPAL(S)	COMPLETE ADDRESS	ZIP	PHONE

FINANCE: BANK: _____ BANK ADDRESS: _____

BANK OFFICER OF DEPARTMENT: _____ Phone Number: _____

REFERENCES:

BUSINESS NAME	COMPLETE ADDRESS	ZIP	PHONE

Check here if cash sales are okay until credit is approved

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

Print Name

Signed By

Date/Time Field:

Title:

Please do not write in space below

VERIFICATION:

REFERENCES CHECKED BY _____	CREDIT APPROVED, BY _____
REFERENCE RESULTS _____	CREDIT REFUSED, BY _____
_____	DATE _____