



Taylor Freezer of Michigan, Inc.
 2111 Walker CT.
 Grand Rapids, MI 49544
 PH: (616) 453-6004 or (800) 542-0126 Fax: (616) 453-5633

Date: _____

Business Information				
Name of Corporation:		Tax ID #:		
Business Name:		Tax Exempt ID:		
Business Address: (Street, City, State, Zip)		Phone Number:		
		Fax Number:		
Mailing Address: (Street, City, State, Zip)		Email Address:		
Type of Business:	Date Opened:	Proprietorship <input type="checkbox"/> Date	Partnership <input type="checkbox"/> Date	Corporation/LLC <input type="checkbox"/> Date
Personal Information				
Name:		Social Security Number:		
Home Address: (Street, City, State, Zip)		Date of Birth:		
		Phone Number:		
Landlord or Mortgage Holder: (Name & Address)		Rent <input type="checkbox"/>	Own <input type="checkbox"/>	How Long:
		Phone Number:		
Occupation:		How Long:		
Bank References				
Bank Name and Address: (1)		Officer's Name and Phone:		
		Account #:		
Bank Name and Address: (2)		Officer's Name and Phone:		
		Account #:		
Trade References				
Supplier (1):		Contact & Phone:		
Supplier (2):		Contact & Phone:		
Supplier (3):		Contact & Phone:		
What method of payment would you prefer? Cash/COD <input type="checkbox"/> Credit Card <input type="checkbox"/> Net 15 <input type="checkbox"/> Net 30 <input type="checkbox"/> If you checked Cash/COD or Credit Card, TFMI, Inc. will not do a credit check. For lease consideration, are you willing to sign a personal guarantee? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Applicant's Statement: Applicant has answered the questions in this application fully and truthfully. Applicant understands that Taylor Freezer of Michigan, Inc. may check Applicant's credit record and any statements Applicant may have made. Applicant gives all of its creditors permission to give TFMI, Inc. any information required to determine whether TFMI, Inc. wants to grant Applicant credit. Applicant gives TFMI permission to give credit reporting agencies and other creditors information relating to any credit TFMI, Inc. might grant Applicant.				
Authorized Signature:				Date:
President/Owner/Partner:	SSN:	Home Address:		Home Phone:
President/Owner/Partner:	SSN:	Home Address:		Home Phone: