



Over a century of service to Western New York
 10 E. Second St., Dunkirk, NY 14048-0391
 (716) 366-3000

PRIOR TO THE RETURN AND APPROVAL OF THIS COMPLETED FORM, ALL PRINTING MUST BE PREPAID

LB093

CREDIT APPLICATION

CORPORATION LIMITED PARTNERSHIP PARTNERSHIP INDIVIDUAL

APPLICANT PROFILE

APPLICANT'S COMPLETE LEGAL NAME				DBA NAME (IF APPLICABLE)							
BUSINESS ADDRESS			CITY		STATE		ZIP CODE		PHONE NUMBER		
BILLING ADDRESS			CITY		STATE		ZIP CODE		PHONE NUMBER		
NO. OF YRS. ESTABLISHED			DATE PRESENT OWNERSHIP BEGAN			CREDIT LIMIT REQUESTED			FREQUENCY OF PRINTING, (WEEKLY, MONTHLY, ETC.)		
HAVE YOU PREVIOUSLY PRINTED WITH US? <input type="checkbox"/> YES <input type="checkbox"/> NO			UNDER WHAT NAME?			ACCOUNT NUMBER			DATE		
IF PARTNERSHIP OR INDIVIDUAL, PLEASE COMPLETE USE ADDITIONAL SHEETS IF NECESSARY	OWNER/PARTNER NAME				LIMITED /PARTNER? <input type="checkbox"/> YES <input type="checkbox"/> YES		SOCIAL SECURITY NUMBER			HOME PHONE	
	HOME STREET ADDRESS				CITY			STATE		ZIP CODE	
	OWNER/PARTNER NAME				LIMITED /PARTNER? <input type="checkbox"/> YES <input type="checkbox"/> YES		SOCIAL SECURITY NUMBER			HOME PHONE	
	HOME STREET ADDRESS				CITY			STATE		ZIP CODE	
IF INCORPORATED, PLEASE COMPLETE AND INDICATE DATE AND STATE OF INCORPORATION <u>STATE OF INCORP.</u> <u>DATE OF INCORP.</u>	OFFICER NAME				TITLE		SOCIAL SECURITY NUMBER			HOME PHONE	
	HOME STREET ADDRESS				CITY			STATE		ZIP CODE	
	OFFICER NAME				TITLE		SOCIAL SECURITY NUMBER			HOME PHONE	
	HOME STREET ADDRESS				CITY			STATE		ZIP CODE	

BANK REFERENCES

BANK NAME & ADDRESS				CONTACT		PHONE #		TYPE OF ACCOUNT		ACCOUNT NUMBER	
BANK NAME & ADDRESS				CONTACT		PHONE #		TYPE OF ACCOUNT CK SV LOAN		ACCOUNT NUMBER	
BANK NAME & ADDRESS				CONTACT		PHONE #		TYPE OF ACCOUNT CK SV LOAN		ACCOUNT NUMBER	

PRINTING/TRADE REFERENCES - FOUR REQUIRED WITH COMPLETE ADDRESS & PHONE NUMBER

NAME			CONTACT PERSON			ACCT. NUMBER			HOW LONG TRADED?		
MAILING ADDRESS			CITY		STATE		ZIP CODE		PHONE NUMBER		
NAME			CONTACT PERSON			ACCT. NUMBER			HOW LONG TRADED?		
MAILING ADDRESS			CITY		STATE		ZIP CODE		PHONE NUMBER		
NAME			CONTACT PERSON			ACCT. NUMBER			HOW LONG TRADED?		
MAILING ADDRESS			CITY		STATE		ZIP CODE		PHONE NUMBER		
NAME			CONTACT PERSON			ACCT. NUMBER			HOW LONG TRADED?		
MAILING ADDRESS			CITY		STATE		ZIP CODE		PHONE NUMBER		

NOTE: THIS FORM MUST BE SIGNED ON REVERSE SIDE

If credit is granted by The Company to or for the benefit of the Applicant to The Company.

Credit granted to Applicant may, at the option of The Company, be canceled at any time upon notice to the Applicant.

The Company is authorized to disclose to proper persons and bureaus Applicant's performance of this agreement.

Applicant agrees to pay The Company for all expenses incurred to enforce collection of any

amount due under this agreement, including reasonable attorney's fees and court costs in connection therewith.

The Company and any of its employees, officers, or agents, are authorized to obtain such information as any of them may require concerning Applicant's credit worthiness or the statements made on this form.

Any person to whom this form is presented is authorized to disclose to The Company and any of its employees, officers, or agents any

information requested and Applicant hereby waives any claim against and fully releases from any and all liability such person by reason of any disclosure.

All statements appearing on this application are true and correct and are made for the purpose of obtaining credit from The Company.

This form and all information secured pursuant to its authority shall be and remain the property of The Company whether or not credit is granted.

SIGNATURE OF APPLICANT

TITLE OR POSITION

DATE

FOR OFFICE USE ONLY

SALESPERSON _____ DATE RECEIVED _____

APPROVED _____ DISAPPROVED _____ CREDIT LIMIT _____

SPECIAL TERMS _____

COMMENTS _____

SIGNATURE _____ DATE _____