

Krider Pharmacy Credit Application

Name/Address

Name:	Social Security Number
Address:	
City:	State: ZIP: Phone:

Payee Name/Address

Name of Payee (if different from above):	Relationship to Customer:
Address:	
City:	State: ZIP: Phone:

Employment History

Employer:	Job Title:
Address:	Supervisor:
City: State: ZIP:	
Phone: Date From: Date To:	
Employer:	Job Title:
Address:	Supervisor:
City: State: ZIP:	
Phone: Date From: Date To:	

Bank References

Institution Name:	Institution Name:	Miscellaneous Information:	
Checking Account #	Savings Account #		
Address:	Address:		
Phone:	Phone:		

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature

Date

Approved _____ Denied _____ By _____ Date _____