



## CREDIT APPLICATION FORM

**Note:** *If estimated monthly usage exceeds \$50,000, please include audited Financial Statements from the past 2 years with this credit application.*

### Estimated Monthly Billing:

CUSTOMER INFORMATION					
Existing Customer? <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="font-size: small;">(If yes, enter Account Number):</span>					
Company Name:			Parent Company Name:		
DBA:			Internet Address:		
Address:					
City:	State:	Zip:	Phone #:	Fax #:	
Headquarter Address:					
COMPANY INFORMATION					
Public Company? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, Ticker)			Duns #:		
Have you ever filed Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No ( If yes, When? )					
Line of Business:				Years in Business:	
Type of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		Tax ID:			
Officer:			Title:		
Officer:			Title:		
<input type="checkbox"/> Sole Proprietor		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited Liability			
Partner/Proprietor Name:		SSN/Tax ID:	Signature:		
Partner/Proprietor Name:		SSN/Tax ID:	Signature:		
Partner/Proprietor Name:		SSN/Tax ID:	Signature:		
Banking and/or other Financial Reference					
Bank Name:		City/State:			
Contact:		Phone Number:			
Checking/Savings/Loan Account #'s:		Fax Number:			
Bank Name:		City/State:			
Contact:		Phone Number:			
Checking/Savings/Loan Account #'s:		Fax Number:			
Other Reference:		City/State:			
Contact:		Phone Number:			
Checking/Savings/Loan/Investment Account #'s:		Fax Number:			
Long Distance Carrier/Internet Service Provider/Other Telecommunications Reference					
1. Name:		Account #:			
Contact:		Phone Number:			
2. Name:		Account #:			
Contact:		Phone Number:			
3. Name:		Account #:			
Contact:		Phone Number:			

Application for credit is hereby made and the above references given. All information is warranted to be true and the applicant authorizes the investigation of this information as well as that which is available through credit reporting agencies. This includes, but is not limited to, authorization to review the applicant's consumer credit report if personal liability exists.

**Customer:**

Customer Name: \_\_\_\_\_

Title: \_\_\_\_\_

Customer Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**Astro Telco:**

Sales Representative Name: \_\_\_\_\_

Rep ID Number: \_\_\_\_\_

Sales Rep Signature: \_\_\_\_\_

Customer Name: \_\_\_\_\_

**CREDIT APPLICATION FORM  
FAX COVER SHEET**

TO: Credit Department

ATTN: \_\_\_\_\_

FAX: 1-616-355-2248

PHONE: \_\_\_\_\_

DATE: \_\_\_\_\_

NO. OF PAGES INC. COVER: \_\_\_\_\_

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YOUR NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

ICB #: \_\_\_\_\_

CUSTOMER NAME: \_\_\_\_\_

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**COMMENTS**