



Turnstyle Enterprises, Inc.
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Business Credit Application

COMPANY INFORMATION

Full Legal Name/Business Entity	Phone Number	Fax Number
Doing Business As (DBA)		
Billing Address (If different from above)	City	State Zip
Company Type: _____ Proprietorship _____ Partnership _____ Franchisee _____ Corporation Other _____		

BUSINESS CREDIT INFORMATION

Federal Tax I.D.	Principal business for firm	Year business established
At present location since	Is business incorporated?	If so, under laws of what state?
Credit line requested	Incorporated for \$	

*Please list all branch/affiliate store operations on back of application

BANK REFERENCES

Bank Name	Account #	Contact
Address	City	State Zip Phone
Bank Name	Account #	Contact
Address	City	State Zip Phone
Bank Name	Account #	Contact
Address	City	State Zip Phone

CREDIT REFERENCES

Company Name	Contact
Address	City State Zip Phone
Company Name	Contact
Address	City State Zip Phone
Company Name	Contact
Address	City State Zip Phone

Use either the *Proprietor Authorization* or the *Proprietor Guaranty* to authorize access to the consumer credit information of the business owner/proprietor.

PROPRIETOR AUTHORIZATION

By signing this Application, I authorize (your company) or its agent to investigate my personal credit and financial records including my banking records. As part of such investigation, I authorize (your company) to request and obtain consumer credit reports on me in connection with the opening, monitoring, renewal and extension of this and other accounts with (your company) and the marketing of other products and services to me and my business by (your company). I further authorize (your company) to share the information received from my consumer credit report with (your company's) parent, subsidiaries, and affiliates [and others if applicable]. If I request, you will tell me whether my consumer credit report was requested and, if so, the name and address of the consumer credit reporting agency the furnished the report.

First Name	Initial	Last Name	Social Security Number
Present Home Address			Home Phone Number
City	State		Zip
Authorized Signature			Date

(If you wish to inquire upon multiple owners, you must have authorized access for each individual)

First Name	Initial	Last Name	Social Security Number
Present Home Address			Home Phone Number
City	State		Zip
Authorized Signature			Date

PROPRIETOR GUARANTY

By signing this Application, I acknowledge that I have personally guaranteed the debts and obligations of my business and agree that I am personally obligated to perform all of the terms of, and make all payments to (your company) required by, the agreement of which this Application is a part.

First Name	Initial	Last Name	Social Security Number
Present Home Address			Home Phone Number
City	State		Zip
Authorized Signature			Date

(If you wish to inquire upon multiple owners, you must have authorized access for each individual)

First Name	Initial	Last Name	Social Security Number
Present Home Address			Home Phone Number
City	State		Zip
Authorized Signature			Date