

S	_____	B	_____
H	Business/Purchaser Name	I	Address
I	_____	L	_____
P	(dba) Trade Name	L	City, State, Zip
T	Address	T	Phone No: (Area Code)
O	_____	O	_____
	City, State, Zip		Phone No:
			Attention of:

BASIC BUSINESS FACTS:

Proprietorship
 LLC
 Partnership
 Corporation
 Federal Tax ID #: _____

Year Business Established: _____ Years Current Owner has owned Business: _____

Bldg/Facilities:
 Owned
 Leased
 Years in Current Location: _____

Complete the following information for all Corporate Officers, Partners or Individual Proprietors.

_____	Name and Title	_____	Name and Title
_____	Home Address	_____	Home Address
_____	City, State, Zip	_____	City, State, Zip
_____	Home phone No.	_____	Home phone No.
_____	Social Security No.	_____	Social Security No.
_____	Drivers License No.	_____	Drivers License No.
_____	Email Address:	_____	Email Address:

Type of Business: _____ State of Incorporation: _____

Buyer's Name: _____ Email: _____ Phone No: _____

A/P Contact Name: _____ Email: _____ Phone No: _____

BANKING Information: _____

TRADE REFERENCES

Name	Address	Phone No.
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____

* The Purchaser gives permission for Nytrex Industries, Inc. to review or request any credit history / information.

Please fax both pages (signed) to Nytrex - Credit Department @ (478) 742-6391

THANKS FOR YOUR BUSINESS

