



RED HOT FIREWORKS CREDIT APPLICATION

Full Name _____ SS# _____

Address, City, State, Zip _____

E-mail _____ Date of Birth _____

Home Phone _____ Cell _____

Driver's License # _____

How Long at Present Address? _____ Own or Rent? _____

Previous Address _____

Employer _____ Occupation _____

Employer Address _____

How long with current employer? _____ Previous Employer _____

Spouse's Name _____ SS# _____

If applicant is affiliated with group, Name of Group _____

Group Address _____

Sales Tax # _____ State _____

I certify that the above information is true and given for the purpose of checking my credit so I can engage in the operation of a sales location for Red Hot Fireworks, LLC. I authorize a credit check for this purpose. If I have an overdue balance on my account, I agree to pay interest on this as well as any other costs incurred should it become necessary to turn my account over to a collection agency.

Applicant's Signature _____ Date _____

FAX COMPLETED APPLICATION TO 815-550-9163 or send to: karen@redhotfireworks.com

Do not write below this line

___ Approved ___ Denied on _____ by _____