



## BUSINESS APPLICATION FORM

572 – West Broad Street, Suite #160, Hazleton, PA. 18201  
Website: Lincoln-taxi.com Phone: 570 - 501 – 7272  
Email: business@lincoln-taxi.com

### Name/Address

Last:	First:	Middle:	Title:	
Name of			Tax I.D.	
Address:				
City:	State:	ZIP:	Phone:	Email:

### Company Information

Type of	In Business			
Legal Form Under Which Business Operates:				
Corporation	Partnership	Proprietorship		
If Division/Subsidiary, Name of Parent Company:		In Business		
Name of Company Principal Responsible for Business Transactions:		Title:		
Address:	City:	State:	ZIP:	Phone:
Name of Company Principal Responsible for Business Transactions:		Title:		
Address:	City:	State:	ZIP:	Phone:

### Bank References

Institution Name:

### Trade References

Company Name:

Address:	Address:
<input type="text"/>	<input type="text"/>

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

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Please fax completed form to: (570) 501 7601 or Email to: business@lincoln-taxi.com