



THE CAMPBELL COMPANY • T/A CAMCO
 3424 AZALEA GARDEN RD. • NORFOLK, VA 23513
 Office: 757-855-5890 • Fax: 757-855-5892 • Email: camco360@verizon.net

CAMCO Business Account Application

Company Information

Name of Business:		VA. Tax ID. Number (Optional):	
Email Address:		Web Site:	
Address:		Attach copy of Buss. License. If no license required, please provide Federal Tax ID:	
City:	State:	ZIP:	Phone:
Type of Business:		In Business Since:	
Legal Form Under Which Business Operates: LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/>			
If Division/Subsidiary, Name of Parent Company:		In Business Since:	
Name of Company Principal / Owner Responsible for Business Transactions:		Title:	
Address:			
City	State:	ZIP:	Phone:

Trade References for CAMCO Credit Account

(Required only if applying for CAMCO credit account)

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Phone:	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 businesses and/or 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