

**CREDIT APPLICATION**

Firm Name: \_\_\_\_\_ Type of Business and Products: \_\_\_\_\_  
Address: \_\_\_\_\_  
ZIP: \_\_\_\_\_ Year Business Established: \_\_\_\_\_  
Phone: 1 \_\_\_\_\_ No. of Employees: \_\_\_\_\_  
Fax: 1 \_\_\_\_\_ Present D & B Rating: \_\_\_\_\_

**NAMES & TITLES OF PRINCIPALS**

\_\_\_\_\_  
\_\_\_\_\_

Is applicant a Division or Subsidiary? \_\_\_\_\_

**BANK & TRADE REFERENCES**

Bank: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Account #: \_\_\_\_\_ Contact: \_\_\_\_\_  
1. \_\_\_\_\_ 2. \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Fax: \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Fax: \_\_\_\_\_  
5. \_\_\_\_\_ 6. \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Fax: \_\_\_\_\_

Will our shipments to your firm be exempt from Tax? If yes, please forward a copy of your Exemption Certificate with this application.

The above information is furnished in strict confidence for the exclusive use of our Credit Department.

RETURNING BY FAX WILL EXPEDITE  
THE ORDER: (586) 294-8132

Signature: \_\_\_\_\_

Date: \_\_\_\_\_