

## **CREDIT APPLICATION**

Date	Tax Exempt #	_
New Account Name and Billing Address:	Shipping Address:	
Name	Street	
P.O. Box/Street	City	
City	StateZip	_
StateZip		
Phone #Fax #		
Corporation Partnership_	Proprietorship	
Date Business Established	Approx. No. Employees	
Type of Business Primarily Engaged In		
Name of Person to Contact in Accounts Payable		
President	Controller	
Trade References: List Name, Address, Telephone & FAX		
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In the event of default in payment of the abov shall pay all collection and court costs i	re account, it is agreed that the undersigned including a reasonable attorney's fee.	
Bank Name	Address	
Phone Number	Account #	
Approximately how much credit will this account require?		
Signed by	Title	

STAINLESS STEEL