



2993 Technology Drive, Rochester Hills, MI 48309

Phone: (248) 852-2800 Fax: (248) 852-2992

CREDIT APPLICATION

The following information is supplied for the determination of credit worthiness of the applicant.
Information provided will be relied upon for the purpose of establishing credit extensions.

Firm Name _____

Phone () _____ Email () _____

Billing Address

City _____ State _____ Zip Code _____

Shipping Address

City _____ State _____ Zip Code _____

Accounting Contact

Name _____ Phone () _____

Email _____ Fax () _____

Applicant is: ☐ Corporation **Date Incorporated** _____ ☐ Partnership ☐ Sole Proprietor

Federal Tax I.D. _____

Name(s) of Principal(s)/Title(s):

1 _____ Title _____

2 _____ Title _____

Authorized Buyer's Name _____

BANK REFERENCE

Name _____ Address _____

City _____ State _____ Zip Code _____

Contact Name _____ Phone No. () _____

Account Number _____

TRADE REFERENCES

Supplier's Name _____

Address _____

Phone () _____ Email _____

Supplier's Name _____

Address _____

Phone () _____ Email _____

Supplier's Name _____

Address _____

Phone () _____ Email _____

Supplier's Name _____

Address _____

Phone () _____ Email _____

I (We) have completed this application to obtain credit, and certify that all statements contained thereof are true and correct. I (We) agree that credit inquiries may be made and authorize the release of such information to you. I (We) understand and agree that any credit granted shall be paid promptly in accordance with credit grantors terms and agreements. I (We) also understand and agree that credit grantors may add legal rate of interest per month to any balance not paid in accordance with said terms and agreements. I (We) also agree, in the event of default, to pay reasonable collection charges, attorney fees, and court costs where applicable.

SIGNED BY _____ Title _____

Date _____