



CREDIT APPLICATION

Legal Co. Name Subsidiary or Division of

Billing Address City ST Zip

Central Billing? Yes/No Phone Fax

Shipping Address City ST Zip

Attach list of other ship-tos Phone Fax

Business Type: Years in business: Website

Business is a: Corporation LLC Partnership Proprietorship If indiv. or proprietorship, Social Security #:

State of Incorporation: Federal Tax I.D. #:

Purchases of Electronic Instruments Taxable?

- Yes, skip to Company Management section.
No, products are for resale: Resale Cert. # State Expires include copy of resale certificate(s).
No, tax exempt organization: include copy of tax exempt certificate(s). Attach list if multiple registration numbers and/or states

Company Management

Owner or President Phone Ext.

Controller Phone Ext.

Accounts Payable Supervisor Phone Ext.

P.O. # Required for Payment: Yes/No Accounting Dept. Fax:

Credit References (must include fax number)

Supplier #1 Contact Name

Phone Fax Account Number

Supplier #2 Contact Name

Phone Fax Account Number

Supplier #3 Contact Name

Phone Fax Account Number

Table with 2 columns: Term, Description. Includes terms like Returns, Restocking, Title, Late Payment, Past Due Accounts, C.O.D., Bad Checks, Collection Costs, Failure to Pay or Insolvency, State Laws, Receipt of Copy, Agreement(s), Successors, Release of Information.

The undersigned certifies that the information provided above and on any financial statement submitted to Absolute Process Instruments, Inc. (API) is complete and accurate.

Faxed application is to be signed by an authorized representative of the company. Print and sign a copy of this agreement for your records.

Print Name Signature Title Date