



32975 Industrial Road. • Livonia, MI 48150  
(734) 522-9090 • (734) 522-9579

**Application for Credit**

**BY:**

\_\_\_\_\_  
Name of Company Tax ID Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone Fax

**FINANCE:**

\_\_\_\_\_  
Bank Bank Address

\_\_\_\_\_  
Bank Officer or Department Telephone

**REFERENCES:**

1. \_\_\_\_\_  
Business Name Address Telephone/Fax

2. \_\_\_\_\_  
Business Name Address Telephone/Fax

3. \_\_\_\_\_  
Business Name Address Telephone/Fax

We certify that all of the information on this form is correct. We fully understand your **credit terms of NET 30** from the date of invoice and agree to the proper payment in consideration of extended credit.

**MUST BE SIGNED BY PRINCIPAL AGENT AND DATED BEFORE CREDIT WILL BE RUN**

(Sign) \_\_\_\_\_  
(PRESIDENT, VICE PRESIDENT, CEO/CFO, CONTROLLER OR GENERAL MGR ONLY)

(Print) \_\_\_\_\_  
(PRESIDENT, VICE PRESIDENT, CEO/CFO, CONTROLLER OR GENERAL MGR ONLY)

Title \_\_\_\_\_ Date \_\_\_\_\_

