

# CREDIT APPLICATION

**9301 INNOVATION DRIVE  
DALEVILLE, IN 47334-0569**

**PHONE: (765) 378-4126  
FAX: (765) 378-4107**

PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION.

COMPANY NAME \_\_\_\_\_

YEAR FOUNDED \_\_\_\_\_ WEB ADDRESS \_\_\_\_\_ TAX ID NUMBER \_\_\_\_\_

PARENT COMPANY OF AKA (ALSO KNOWN AS) \_\_\_\_\_

TELEPHONE NUMBER OF COMPANY APPLYING FOR CREDIT \_\_\_\_\_ FAX NO. \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTRY \_\_\_\_\_

PAYMENT METHOD: OPEN ACCOUNT \_\_\_\_\_ CREDIT CARD \_\_\_\_\_ CREDIT LIMIT REQUESTED \_\_\_\_\_

TYPE OF CREDIT CARD \_\_\_\_\_ CARD NO. \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

TYPE OF ENTERPRISE: CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ PROPRIETORSHIP \_\_\_\_\_

## BANK REFERENCES

**\*Less than two (2) years, a second bank reference is required.**

CHECKING	SAVINGS
Bank _____	Bank _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone No. _____ FAX No. _____	Phone No. _____ FAX No. _____
Account Number _____	Account Number _____
Account Name _____	Account Name _____
Contact _____	Contact _____

## U.S. TRADE REFERENCES

**\*Companies with whom credit has been established; three required.**

- Name \_\_\_\_\_ Type of Business \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ FAX No. \_\_\_\_\_ Payment Terms \_\_\_\_\_ Customer # \_\_\_\_\_  
Notes \_\_\_\_\_
- Name \_\_\_\_\_ Type of Business \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ FAX No. \_\_\_\_\_ Payment Terms \_\_\_\_\_ Customer # \_\_\_\_\_  
Notes \_\_\_\_\_
- Name \_\_\_\_\_ Type of Business \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ FAX No. \_\_\_\_\_ Payment Terms \_\_\_\_\_ Customer # \_\_\_\_\_  
Notes \_\_\_\_\_

**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, AND THAT WE CAN AND WILL COMPLY WITH YOUR TERMS.**

Date \_\_\_\_\_ Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

SL-040203

Title \_\_\_\_\_ Direct Phone (Extension): \_\_\_\_\_