

# Chromalox®

## PRECISION HEAT AND CONTROL CONFIDENTIAL CREDIT APPLICATION

A) FULL NAME OF CUSTOMER \_\_\_\_\_

B) ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

C) FORM OF BUSINESS : CORPORATION \_\_\_ PARTNERSHIP \_\_\_ PROPRIETORSHIP \_\_\_

D) NAMES OF PRINCIPAL OFFICERS, PARTNERS , OWNERS

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

E) PERSON TO CONTACT REGARDING FINANCIAL MATTERS:

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ PHONE \_\_\_\_\_  
FAX \_\_\_\_\_

F) FEDERAL IDENTIFICATION OR SOCIAL SECURITY NUMBER \_\_\_\_\_

G) DUN & BRADSTREET DUNS NUMBER \_\_\_\_\_

H) LINE OF BUSINESS \_\_\_\_\_ SIC CODE (four digits) \_\_\_\_\_

WE ESTIMATE OUR ANNUAL PURCHASES AT \$ \_\_\_\_\_ AND WE REQUEST A CREDIT  
LIMIT OF \$ \_\_\_\_\_

I) YEAR BUSINESS ESTABLISHED \_\_\_\_\_

J) PLEASE SEND A SALES TAX EXEMPTION CERTIFICATE

We are required to charge sales tax unless we receive an exemption certificate

K) BANK REFERENCES:

FULL NAME AND ADDRESS OF BANK REFERENCE \_\_\_\_\_

ACCOUNT# \_\_\_\_\_ BANK OFFICER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

L) FULL NAME / ADDRESS OF TRADE REFERENCES TELEPHONE FAX

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

M) I HEREBY AUTHORIZE THE ABOVE LISTED REFERENCES TO RELEASE ALL INFORMATION REQUESTED BY CHROMALOX

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_