



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-to's Phone Fax

Business Type: Years in business: Website

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

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

Tax Resale Certificate # State Purchases Tax Exempt? Yes No

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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. Rows include Terms, 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