

CERTIFIED TO ISO 9001 & 14001

Tel: 207-333-6100
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COMMERCIAL CREDIT APPLICATION

Thank you for your order. To enable us to give you the best service possible, we need the following information. Will you please complete the form below and return to us as soon as possible. No credit deliveries can be made until this credit check is complete.

FULL NAME OF FIRM:

STREET ADDRESS:

CITY: STATE: ZIP:

TELEPHONE #: FAX #:

TAX EXEMPT: YES (If yes, please attach certificate) NO

NUMBER OF YEARS IN BUSINESS: NET WORTH:

Please attach fiscal profit and loss statements for the past 3 years.

Name and address of principal bank and name and address of three principal suppliers.

Bank Name: Name:
Address: Address:
City: State: Zip: City: State: Zip:
Telephone #: Fax #: Telephone #: Fax #:
Account Number:

Name: Name:
Address: Address:
City: State: Zip: City: State: Zip:
Telephone #: Fax #: Telephone #: Fax #:

I/We authorize the above principal bank and principal suppliers to release information to Elmet Technologies, Inc. **I/We have also read Elmet Technologies Inc. payment terms and conditions at www.elmettechnologies.com/about.**

Officer's Signature

Title

Date