

CERTIFIED TO ISO 9001

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 #: \_\_\_\_\_

AP Contact Name: \_\_\_\_\_ AP Contact Email Address: \_\_\_\_\_

Email Address for Invoice Submission: \_\_\_\_\_

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

D&B #: \_\_\_\_\_

NUMBER OF YEARS IN BUSINESS: \_\_\_\_\_ NET WORTH: \_\_\_\_\_

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, LLC.

I/We have also read Elmet Technologies, LLC. payment terms and conditions at [www.elmettechnologies.com/about-elmet/customer-resources/](http://www.elmettechnologies.com/about-elmet/customer-resources/).

\_\_\_\_\_  
Officer's Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date