

C R E D I T A P P L I C A T I O N

PLEASE PRINT OR TYPE ALL ENTRIES

FULL LEGAL NAME _____			
D.B.A. _____			
STREET ADDRESS _____			
CITY _____	STATE _____	ZIP _____	
PHONE _____		FAX _____	
DUNS Number _____	Year Established _____	If branch, Hqtrs Loc _____	
Principal Officer- Title _____		Full Name _____	
Legal Structure:			
_____ Public Corporation	_____ State of Incorporation	Date _____	
_____ Private Corporation	_____ State of Incorporation	Date _____	
_____ Proprietorship	_____ Partnership		
Social Security # Partnership _____	Federal Tax ID # _____	State Tax ID # _____	

Accounts Payable contact:		
Name: _____	Phone: _____	Fax: _____

Taxable _____ Exempt _____ Project Specific _____ (Please attach exemption certificate to application)
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Please provide phone and FAX numbers for all listed references.				
Trade References: Please list only accounts with open lines of credit.				
Name	Address	Contact	Phone/FAX	
1. _____	_____	_____	_____	
2. _____	_____	_____	_____	
3. _____	_____	_____	_____	
4. _____	_____	_____	_____	
5. _____	_____	_____	_____	
Bank References:				
Bank Name/Branch	Account Number	Contact	Phone/FAX	
1. _____	_____	_____	_____	
2. _____	_____	_____	_____	
You may attach a list of references that contains all requested information and a signed release.				
Credit Line Requested: \$ _____		Anticipated Annual Volume _____		

Printed Name/Title	Signature	Date
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Please return to: Frabimor Equipment & Controls @ 847- 438- 4370