

Name/Address

Last:	First:	Middle Initial:	Title	
Name of Business:			Tax I.D. Number	
Address:			Resale Number:	
City:	State:	ZIP:	Phone:	Fax:

Company Information

Type of Business:	In Business Since:			
Legal Form Under Which Business Operates:				
Corporation <input type="checkbox"/>		Partnership <input type="checkbox"/>		Proprietorship <input type="checkbox"/>
If Division/Subsidiary, Name of Parent Company:			In Business Since:	
Name of Company Principal Responsible for Business Transactions:			Title:	
Address:	City:	State:	ZIP:	Phone:

Bank References

Institution Name:	Institution Name:
Checking Account #:	Checking Account #:
Average Balance:	Average Balance:
Address:	Address:
Phone:	Phone:
Fax:	Fax:

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Fax:	Fax:	Fax:
Account opened since:	Account opened since:	Account opened since:
Current Balance:	Current Balance:	Current Balance:
Average # of Days for Payment:	Average # of Days for Payment:	Average # of Days for Payment:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. By submitting this application, I accept the Terms and Conditions of AAA Plating & Inspection, Inc.

Signature	Title	Date
For AAA Use:		
Approved by:	Title	Date

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