

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, LLC.

I/We have also read Elmet Technologies, LLC. payment terms and conditions at www.elmettechnologies.com/about .

Officer's Signature

Title

Date