



CREDIT APPLICATION

Terms: NET 30 ONLY. All Past Due Accounts are Automatically Placed on Hold.

Last:		First:		Middle Initial:		Title:			
Name of Business:						Tax I.D. Number:			
Address:						Tax Exempt or Resale #. (please attach with app.)			
City:		State:		ZIP:		Phone:		Fax:	
AP Contact Name:				Phone: Fax:		Email:			
In Business Since: Dunn & Bradstreet #:				Type of Business (Please circle one): Constructor Distributor/Wholesaler Drilling Contractor EPC OEM Manufacturer Export House Producer System Integrator					
Legal Form Under Which Business Operates: Corporation ____ Partnership ____ Proprietorship ____									
If Division/Subsidiary, Name of Parent Company:						In Business Since:			
Name of Company Principal Responsible for Business Transactions:						Title:			
Address:		City:		State:		ZIP:		Phone:	
Name of Company Principal Responsible for Business Transactions:						Title:			
Address:		City:		State:		ZIP:		Phone:	
Institution Name:					Institution Name:				
Address:					Address:				
Phone:					Phone:				

Refer to page 2 for References

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• Phone (714)-453-2401 • Fax: (714) 453-2445

e-mail: sales@exindustries.com ~ Web-Site www.exindustries.com

EXINDUSTRIES

Trade Reference:	Trade Reference:	Trade Reference:
Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Fax Number:	Fax Number:	Fax Number:
Email address:	Email address:	Email address:

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.

Signature: _____

Title: _____

Date: _____