



Confidential Credit Application

COMPANY INFORMATION

| | | | |
|--|---------------------------|-----------------------------|-----------|
| Full Legal Name: | | Phone: | Fax No.: |
| Doing Business As (DBA) | | | |
| Billing Address: | City: | State: | Zip Code: |
| Shipping Address: | City: | State: | Zip Code: |
| Company Type: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Franchise <input type="checkbox"/> Corporation <input type="checkbox"/> Other: | | | |
| Resale No.: | Principal of Firm: | Years Business Established: | |
| At Present Location Since: | Is Business Incorporated? | If so, under which state? | |
| Name of Affiliates/Divisors: | | | |

BANK REFERENCES/BANK AUTHORIZATION

| | | | |
|------------|--------------|----------|----------------------|
| Bank Name: | Account No.: | Contact: | |
| Address | City: | State: | Zip Code Phone: |
| Bank Name: | Account No.: | Contact: | |
| Address | City: | State: | Zip Code Phone: |
| Bank Name: | Account No.: | Contact: | |
| Address | City: | State: | Zip Code Phone: |

Bank Authorization

I/we hereby authorize the above listed bank(s) to supply credit information upon request to EMCOD. All information provided will remain confidential.

Name (Print) of Authorized Signer Title Authorized Signature

TRADE REFERENCES

| | | | |
|--------------|-------------|---------|--------------------------------|
| Company Name | Account No. | Contact | |
| Address | City | State | Zip Code Phone: Fax: |
| Company Name | Account No. | Contact | |
| Address | City | State | Zip Code Phone: Fax: |
| Company Name | Account No. | Contact | |
| Address | City | State | Zip Code Phone: Fax: |

Terms: Net 30 Days

2-3 businesses days for approval of open terms

Please leave trade/bank references blank if you wish to prepay all orders.