



## Credit Application

### Company Information

Company Name:		
Address:		
City:	State:	Zip:
Phone: (    )	Fax: (    )	D&B Number:
Type of Business:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership	<input type="checkbox"/> LLC <input type="checkbox"/> Individual
Credit Requested:	Year Established:	Federal Tax ID:
Tax Exempt: <input type="checkbox"/> Yes (If Yes, Please Attach certificate.) <input type="checkbox"/> No	Web Address:	

### Bank Information

Bank Name:		
Contact:	Phone: (    )	
Address:	Fax: (    )	
City:	State:	Zip:

### Trade References

<b>1</b>	Company Name:		
	Address:		
	City:	State:	Zip:
	Contact:	Phone: (    )	Fax: (    )

<b>2</b>	Company Name:		
	Address:		
	City:	State:	Zip:
	Contact:	Phone: (    )	Fax: (    )

<b>3</b>	Company Name:		
	Address:		
	City:	State:	Zip:
	Contact:	Phone: (    )	Fax: (    )

<b>4</b>	Company Name:		
	Address:		
	City:	State:	Zip:
	Contact:	Phone: (    )	Fax: (    )

By signing this form, the customer authorizes Colfax Treating to contact the trade references, banks or credit reporting agencies for evaluating credit worthiness. All information received by Colfax Treating will be for internal use only. This application shall serve as authorization to release information to Colfax Treating via phone, fax or in writing. Interest charges of 1-1/2% per month (or applicable legal rate) will be charged on past due accounts. Credit privileges can be suspended at any time by Colfax Treating.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_ Title: \_\_\_\_\_

#### COLFAX USE ONLY

_____	_____	_____
Credit Manager Signature	Date	Credit Limit