



ABRASIVE WEST, LLC. CREDIT APPLICATION

<u>Client Information</u>		<u>Billing Address (if different)</u>	
Company Name:		E-mail:	
Contact:		Contact:	
Address:		Address:	
City:		City:	
State	Zip:	State	Zip:
Phone:	Ext:	Phone:	Ext:
Fax:		Fax:	

Federal Employer ID Number: _____

Business Structure: ___ Corporation ___ Sole Proprietor
 ___ Partnership ___ Other

Annual Sales: _____ Years In Business: _____ SIC Code: _____

TRADE REFERENCES

Trade references should be an existing, active vendor with significant volume and a trade relationship for at least one year

Company: _____ Contact: _____
Address: _____ Telephone: _____

Company: _____ Contact: _____
Address: _____ Telephone: _____

Company: _____ Contact: _____
Address: _____ Telephone: _____

BANK REFERNCES

Deposit Bank: _____ Branch: _____ Account # _____
Contact: _____ Telephone: _____ Date Opened: _____

Loan Bank: _____ Branch: _____ Account# _____
Contact: _____ Telephone: _____ Date Opened: _____

We certify that all the information on this form is correct. We fully understand your credit terms and agree to these terms in consideration of line of credit. Terms are Net 30 Days

CLIENT

Signature: _____ Date: _____

Print Name and Title _____