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Electrol Systems, Inc.

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CREDIT APPLICATION FORM

COMPANY NAME: _____		DATE: _____	
TELEPHONE: _____		FAX: _____	
ADDRESS: _____			
CITY: _____		STATE: _____	ZIP: _____
FORM OF ORGANIZATION	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PROPRIETORSHIP	<input type="checkbox"/> PARTNERSHIP
	<input type="checkbox"/> OTHER: _____		
DATE BUSINESS ESTABLISHED: _____		TYPE OF BUSINESS: _____	
NAMES OF INDIVIDUALS RESPONSIBLE FOR PAYMENT OR TO CONTACT FOR PAYMENT:			
1. _____	TITLE: _____		
2. _____	TITLE: _____		
OFFICERS NAME	TITLE	PHONE	
1. _____	_____	_____	
2. _____	_____	_____	
BANK REFERENCE		OFFICER TO	
BANK NAME: _____		CONTACT: _____	
BANK ADDRESS: _____		PHONE: _____	
CITY: _____		STATE: _____	ZIP: _____
<input type="checkbox"/> CHECKING ACCOUNT		ACCOUNT NO: _____	
<input type="checkbox"/> OTHER: _____		ACCOUNT NO: _____	
TRADE REFERENCES			
NAME	ADDRESS	PHONE	FAX
1.			
2.			
3.			
ARE YOU TAXABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, ATTACH "BLANKET CERTIFICATE FOR RE-SALE"	
CONFIDENTIAL FINANCIAL STATEMENT WILL BE GREATLY APPRECIATED. WE HAVE READ ELECTROL SYSTEMS "TERMS OF AGREEMENT" AND FULLY UNDERSTAND THEM AND WE ARE WILLING TO UPHOLD THEM WITH NO CHANGES.			
SIGNATURE: _____		TITLE: _____	
PRINT NAME: _____		DATE: _____	