

CREDIT APPLICATION

Date

Customer Number

Company Name

Address Line 1

City

State

Zip Code

()
Telephone()
Fax

Contact

Contact Title

Name of Accounts Payable Contact

Title of Accounts Payable Contact

()
Accounts Payable Telephone Number()
Accounts Payable Fax Number

Listed with D&B?

☐

Yes

☐

No

D&B Number

Bank Reference **Required Bank information*

*Bank Name

*Branch Name

*Address

*City

*State

Zip Code

()
*Telephone()
Fax

*Authorized Contact

Title of Authorized Contact

* Account Number

Trade References ** Please list 3***Reference 1**

Company Name

Company Contact

Address

City

State

Zip Code

()
Telephone()
Fax

Number of years doing business

Reference 2

Company Name

Company Contact

Address

City

State

Zip Code

()

()

Telephone

Fax

Number of years doing business

Reference 3

Company Name

Company Contact

Address

City

State

Zip Code

()

()

Telephone

Fax

Number of years doing business

I hereby certify that the information contained herein is complete and accurate. By signing below I acknowledge that I am an authorized representative of above and am authorized to seek and obtain credit for .

I understand that this is an application to setup an account on behalf of with Edmund Optics and may be used to obtain credit information. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit that may be extended by EO to the above named .

I further authorize any banks, references, and credit providers named in this credit application, to provide information about accounts and the credit worthiness, credit standing, credit history or credit capacity of that credit providers are allowed to give or receive as allowed by law to Edmund Optics.

*Authorized Signature *(Example: CFO, President)*

Title of Authorized Signature

Date