



CUSTOMER CREDIT APPLICATION

Company Name: _____

Company Address: _____

Contact Name, Phone Number and Emails:

Purchasing: _____

A/P: _____

Controller: _____

Year Business Founded/Type of Business: _____

Anticipated Monthly Purchases: _____

Requesting Credit Limit Of: _____

Officers

| Name | Title | Email |
|------|-------|-------|
| | | |
| | | |
| | | |

Bank References

| | |
|---------|--|
| Name | |
| Address | |
| Phone | |
| Fax | |
| Contact | |

PLEASE FAX THIS FORM TO: 1-262-754-3993

OR

EMAIL TO ALICIA.MOLENDA@ARTECHEPQ.COM

Trade References

1) Name: _____

Address: _____

Phone: _____

Fax: _____

2) Name: _____

Address: _____

Phone: _____

Fax: _____

3) Name: _____

Address: _____

Phone: _____

Fax: _____

Please provide most recent financial statements (audited preferred) as well as last year-end financials.

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