

# CREDIT APPLICATION

## 1. Company Info:

Legal Business Name			Telephone		
Billing Address			Fax#		
City	State	Zip	County		
Nature of Business / Industry		Month/Year Established		Email	
DBA			Business Structure (choose one): Corp. <input type="checkbox"/> Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/>		
Contact Person		Ever Filed Bankruptcy?	D&B # (D-U-N-S):		Amount of Credit desired:

## 2. Accounts Payable Information

First Name	Last Name	Phone	Email
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## 3. Company Bank References

Name of Bank/Branch	Checking account #	Telephone #	Fax# or Email	Contact Person:
Name of Bank/Branch	Checking account #	Telephone #	Fax# or Email	Contact Person:

## 4. Trade References

Name	Fax #	Telephone #	
Address	City	State	Zip
Email	Contact Person		
Name	Fax #	Telephone #	
Address	City	State	Zip
Email	Contact Person		
Name	Fax #	Telephone #	
Address	City	State	Zip
Email	Contact Person		

## 5. Authorization

By my signature, I hereby authorize Axiom Test Equipment, Inc. its employees, officers or assignees to investigate the company's credit and/or obtain a consumer report from a credit-reporting agency. I also authorize any bank, trade or other references to release credit information concerning the company to Axiom. Such authorization shall extend to this application and subsequent updates, renewals, or extensions of such credit or additional credit; and for reviewing or collecting the resulting account, and shall remain in force unless and until revoked by me in writing. In addition, I certify that all information I have provided or will provide with this application is true and complete.

DATE: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

### This Section for Axiom Internal Use Only:

Sales Rep: \_\_\_\_\_

Amount of first sale / rental (circle one): \$ \_\_\_\_\_ Credit Authorized?: yes / no (circle one) Credit Limit: \_\_\_\_\_

If rental, equipment model & serial#: \_\_\_\_\_

Comments: \_\_\_\_\_