axiom
TEST EQUIPMENT

CREDIT APPLICATION

1. Company Info:

Legal Business Name	Telephone
	Fax#

Billing Address	City	State	Zip	County

Nature of Business / Industry	Month/Year Established	Email

DBA	Business Structure (choose one): Corp. ☐ Proprietor ☐ Partnership ☐ LLC ☐

Contact Person	Ever Filed Bankruptcy?	Amount of Credit Desired:

2. Accounts Payable Information

First Name	Last Name	Phone	Email

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: _____