



CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Company Name:

Billing Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Date business commenced:

Tax Exempt Status: Yes No

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State:

ZIP Code:

How long at current address?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of Account

Account Number

Savings

Checking

Other

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

DECLARATIONS

We declare that the above information is true, correct and complete and is given to induce Pro-Active Engineering, Inc. (Pro-Active) to extend credit. We authorize Pro-Active to make such credit investigation as it sees fit, including contacting the above trade references, banks and credit reporting agencies to disclose to Pro-Active any and all information concerning the financial and credit history of the company.

SIGNATURES

Title:
Date:

Title:
Date:

Return this document and your State Resale Tax Certificate to: Finance@ProactivePCB.com