

# Integrus Fabrication

## Company Information

Name of Business:	DBA (if applicable):	Date:
AP Contact name:	AP email:	Tax I.D.
Billing address:		
City:	State:	ZIP:
Type of Business:	In Business Since:	
Legal Form Under Which Business Operates:      Corporation      Partnership      Proprietorship		
Principal Owners Name/Officers:		
Title:	Social Security #:	Driver's License #:
Principal Owners Name/Officers:		
Title:	Social Security #:	Driver's License #:
Estimated Monthly Purchases:		Amount of credit Desired:

## Bank References

Institution Name:	Institution Name:
Checking Account #:	Checking Account #:
Address:	Address:
Phone:	Phone:

## Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Email:	Email:	Email:

*I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.*

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Signature

Date

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Name (Please Print)

Title

ONCE COMPLETED, EMAIL TO [payables@integrusfab.com](mailto:payables@integrusfab.com)