

Credit Application

APPLICANT

BILL TO LOCATION		SHIP TO LOCATION	
FIRM NAME OR INDIVIDUAL _____		NAME _____	
COMPLETE ADDRESS _____		COMPLETE ADDRESS _____	
YEARS AT THIS ADDRESS _____	PHONE _____	PHONE _____	FAX _____



Allied Fluid Products Corp.
5303 Adeline Street
Oakland, CA 94608
Office: (510) 654-3274 / Fax: (510) 654-8190

CREDIT MANAGER _____
TELEPHONE _____
CREDIT TERMS _____

CONTACT IN ACCOUNTS PAYABLE _____ CONTACT IN PURCHASING _____ TAX JURISDICTION (COUNTY-RATE) _____

TAXABLE YES NO RESALE NO. _____ IF NOT TAXABLE, WHY _____

CAN SUBSTITUTE PRODUCTS BE SHIPPED? Yes No ARE BACKORDERS ACCEPTABLE? Yes No ARE PARTIAL SHIPMENTS ACCEPTABLE? Yes No

THE FOLLOWING INFORMATION MUST BE COMPLETED IN FULL - ALL INFORMATION WILL BE HELD IN STRICTEST CONFIDENCE.

CORPORATION PARTNERSHIP PROPRIETORSHIP INDIVIDUAL INCORPORATED IN THE PAST 12 MONTHS

NAME OF PRINCIPALS	COMPLETE ADDRESS	PHONE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

REFERENCES

NAME: _____ CONTACT: _____
COMPLETE ADDRESS: _____ PHONE NUMBER: _____

NAME: _____ CONTACT: _____
COMPLETE ADDRESS: _____ PHONE NUMBER: _____

NAME: _____ CONTACT: _____
COMPLETE ADDRESS: _____ PHONE NUMBER: _____

FINANCIAL INFORMATION

BANK NAME: _____ ACCOUNT NUMBER: _____ CONTACT: _____
COMPLETE ADDRESS: _____ PHONE NUMBER: _____

BANK NAME: _____ ACCOUNT NUMBER: _____ CONTACT: _____
COMPLETE ADDRESS: _____ PHONE NUMBER: _____

I/WE CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I/WE FULLY UNDERSTAND YOUR CREDIT TERMS OF NET 30 DAYS, AND AGREE TO THE PROPER PAYMENT IN CONSIDERATION OF EXTENDED CREDIT.

DATE _____ SIGNED _____ TITLE _____

REMARKS _____	REFERENCES CHECKED BY _____	DATE _____		
	CREDIT APPROVED BY _____	DATE _____	ACCOUNT OPENED BY _____	DATE _____
	CREDIT REFUSED BY _____	DATE _____	CUSTOMER CONTRACTED BY _____	DATE _____
	APPROVED BY _____	DATE _____		