

Commercial "NET-30" Day Credit Application

Applicant Information

Company Name:				
Current Address:				
City:		State:		Zip:
Telephone: Fa	ix:		Years ir	n Business:
Type of Business:				
E-mail Address:				
Corporate Structure Information				
President:				
Vice President:				
Accounts Payable Supervisor :				
Bank References				
Bank Name:				
Address:		Otata		
City:	T	State:		Zip:
Account Number(s):		ax ID Number:		
Contact Name:	Trade Reference	Phone:		
Vendor: How long?				
Address:			11000	
City:		State:		Zip:
Contact:	Phone:		Fax:	'F'-
Vendor: How			long?	
Address:				
City:		State:		Zip:
Contact:	Phone:		Fax:	
Vendor: How			How	long?
Address:				
City:		State:		Zip:
Contact:	Phone:	•	Fax:	·
Certification				
I certify that the above is true and correct to the best of my knowledge. This information is to be used for opening an account with Futronics Inc. its successors and assigns. Futronics Inc. May from time to time use agents or assigns to performs credit investigations. This application grants FULL, UNLIMITED AUTHORITY to any and all credit information concerning the applicant(s) and associated named persons herein. Subject to the Terms and Conditions herein and on the reverse side, as well as the Federal Fair Credit Reporting Act. I authorize Futronics Inc. to verify the information provided on this form as to my/our credit history. Terms & conditions subject to NET 30 Days, 2% per month 24% APR on All unpaid balances over thirty (30) days.				
Signature of Applicant:				Date: