

INTERNAL USE ONLY									
Date Approved		Terms							
Credit Limit		Approved By:							

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CONFIDENTIAL APPLICATION FOR CREDIT

Date:												
COMPANY INFO												
Company Name:												
Bill To Address:					City				State		Zip:	
Phone:						Fax:						
Type of Business (Please Check One)	Sole Proprietorship Partnership Corporation					C) "S" Co	orporation	C	C rrc C		
Years in Business						Years A	t Above I	Location				
PURCHASING						1						
Purchasers Name:						Email						
Phone:						Fax:						
PAYABLE DEPT.						1						
A/P Mgr Name:						Email:						
Phone:						Fax:						
Invoicing Preference	C Email	Email Fax				Purchas	e Orders	Required	C	Yes	\bigcirc ι	10
BANK INFORMATION												
Bank Name												
Bank Address					City				State		Zip:	
Phone						Fax:			•			
Account Number							Checking Savings Other					
BUSINESS/TRADE REFERENCES												
Company Name						Contact:	:					
Address					City				State		Zip:	
Phone	Fax:						Email:					
Years Doing Business						Credit Li	Limit and Terms :					
Company Name						Contact						
Address	City				City		•		State		Zip:	
Phone		Fax	x:					Email:				
Years Doing Business	, ,				Credit Limit and Terms :							
Company Name					Contact	t:						
Address			_		City				State		Zip:	
Phone		Fax	x:					Email:	· · · · · · · · · · · · · · · · · · ·			
Years Doing Business		•				Credit I	imit and	Terms ·				

All Statements made herein are true and accurate to the best of our knowledge. We authorize Burners, Inc. to make any and all inquiries necessary for action on this credit application. We hereby indemnify Burners, Inc. from any liability resulting from this application.