



## APPLICATION FOR CREDIT

NAME OF FIRM OR INDIVIDUAL \_\_\_\_\_ PHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_  
 CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PRIMARY TYPE OF BUSINESS: \_\_\_\_\_ YEARS IN BUSINESS \_\_\_\_\_  
 HOW MUCH CREDIT ARE YOU REQUESTING? \_\_\_\_\_

HEREBY APPLIES FOR CREDIT IN ACCORDANCE WITH THE TERMS AND CONDITION OF PACIFIC SCIENTIFIC.

THE FOLLOWING INFORMATION MUST BE PROVIDED TO PROCESS YOUR APPLICATION. IT WILL BE HELD IN STRICTEST CONFIDENCE.

CORPORATION  PARTNERSHIP  INDIVIDUAL  INCORPORATED IN THE PAST 12 MONTHS

TAX ID# (SS#): \_\_\_\_\_

COPY OF RESALE CERTIFICATE AND/OR TAX EXEMPTION CERTIFICATE REQUIRED WITH APPLICATION

BANK \_\_\_\_\_ PHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CONTACT \_\_\_\_\_

NAME (S) OF COMPANY PRINCIPAL( S):	TITLE/POSITION
1. _____	_____
2. _____	_____

### U.S.A. REFERENCES ONLY:

BUSINESS NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_  
 EMAIL \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_  
 EMAIL \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_  
 EMAIL \_\_\_\_\_

WE CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT. WE FULLY UNDERSTAND YOUR CREDIT TERMS AND AGREE TO THE PROPER PAYMENTS IN CONSIDERATION OF EXTENDED CREDIT.

SIGNED \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_