



P.O. Box 2896 Elkhart, IN 46515 <input type="checkbox"/>	P.O. Box 367 Akron, IN 46910 <input type="checkbox"/>	P.O. Box 126 Jones, MI 49016 <input type="checkbox"/>
(574) 264-2118 1-800-367-7953 Fax (574) 264-2110	(574) 893-4733 1-800-380-7564 Fax (574) 893-7465	(269) 244-8219 1-800-574-2765 Fax (269) 244-8990

Business Name \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long in business? \_\_\_\_\_ Type of business \_\_\_\_\_

Type of Business: Corporation  Proprietorship  Partnership  Division/Subsidiary

Principal Officers of the Company:

President \_\_\_\_\_

Vice-President \_\_\_\_\_

Secretary \_\_\_\_\_

Treasurer \_\_\_\_\_

Division or Subsidiary: Parent Company and Address \_\_\_\_\_

Partnership: Partner's Name \_\_\_\_\_

Bank Reference: \_\_\_\_\_

Names of major credit references. Please include telephone and fax numbers.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Payables Contact Name \_\_\_\_\_

Non-Taxable (Please include tax exemption form)  Taxable

Date \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE-FOR OFFICE USE ONLY**

Account Number \_\_\_\_\_ Sales Type \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Comments/Conditions \_\_\_\_\_

Credit Manager \_\_\_\_\_ Date \_\_\_\_\_