



Acme Engineering & Manufacturing Corporation

P.O. Box 978, Muskogee, Oklahoma 74402 Ph: 918-682-7791 Fax: 918-684-0541

APPLICATION FOR CREDIT

In making this application, I/we understand that all accounts, unless otherwise arranged, are payable on or before the net due date as shown on each invoice. If not paid on or before said due date, the account is then delinquent.

TERMS: NET, NO DISCOUNT, DUE 30 DAYS FROM DATE OF INVOICE

TRADE NAME _____

ADDRESS _____
(Street) (City, State and Zip)

PHONE _____ FAX NUMBER _____

E-MAIL ADDRESS _____

**Please provide your sales tax exemption number _____
(Exemption certificate must be attached)**

SOLE PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION _____

SOCIAL SECURITY NUMBER _____ - _____ - _____

OR

FEDERAL IDENTIFICATION NUMBER _____ - _____

YEARS IN BUSINESS _____

APPROXIMATE CREDIT LINE REQUESTED _____ (See note below)

SIGNED _____ (Date) _____

TITLE _____

This may be used as an authorization to secure credit information as requested.

Note:

1. Please complete reference sheet on reverse side.
2. **Please submit a financial statement. (Required for a requested credit line of \$25,000 or more.)**



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TRADE REFERENCES**

(This side for office use only)

PLEASE TYPE OR PRINT PLAINLY

(1) _____
(Company Name)

(Street Address)

(City, State & Zip)

PHONE _____ FAX _____

(2) _____
(Company Name)

(Street Address)

(City, State & Zip)

PHONE _____ FAX _____

(3) _____
(Company Name)

(Street Address)

(City, State & Zip)

PHONE _____ FAX _____

BANK NAME _____

(Street Address)

(City, State & Zip)

(Contact Person)

PHONE _____ FAX _____

Authorization for Release of Credit Information on Account
No. _____

(Authorized Signature)

(Title)

(Company Name)

****REFERENCES SHOULD BE IN LIKE AMOUNT OF THE CREDIT LINE REQUESTED FROM ACME.**