



**CREDIT APPLICATION**  
**THIS APPLICATION MUST BE COMPLETE IN ORDER TO PROCESS**  
**CREDIT APPROVAL MAY TAKE UP TO 2 WEEKS**

COMPANY NAME: \_\_\_\_\_

INTERNET ADDRESS: \_\_\_\_\_

SUBSIDIARY    
DIVISION  of: \_\_\_\_\_ D & B #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

TYPE OF BUSINESS: SOLE PROPRIETORSHIP  PARTNERSHIP  CORPORATION

STATE INCORPORATED: \_\_\_\_\_ YEARS IN BUSINESS: \_\_\_\_\_

RESELLER ID #: \_\_\_\_\_ FEDERAL EIN #: \_\_\_\_\_

TOP EXECUTIVE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

ACCT. PAYABLE MANAGER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

PREVIOUS ADDRESS (IF AT PRESENT LOCATION LESS THAN THREE YEARS):  
\_\_\_\_\_  
\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

ANNUAL SALES \$ \_\_\_\_\_ # OF EMPLOYEES: \_\_\_\_\_

**BANK REFERENCE**

BANK NAME: \_\_\_\_\_

BRANCH: \_\_\_\_\_ OFFICER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

ACCOUNT TYPES: CHECKING  SAVINGS  LOAN

SIGNATURE AND TITLE OF AUTHORIZED CHECK SIGNER SO BANK WILL RELEASE INFORMATION:  
\_\_\_\_\_  
\_\_\_\_\_

**TRADE REFERENCES**

COMPANY: \_\_\_\_\_ HIGHEST CREDIT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

PRODUCTS PURCHASED: \_\_\_\_\_

COMPANY: \_\_\_\_\_ HIGHEST CREDIT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

PRODUCTS PURCHASED: \_\_\_\_\_

COMPANY: \_\_\_\_\_ HIGHEST CREDIT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

PRODUCTS PURCHASED: \_\_\_\_\_

AUTHORIZED PURCHASERS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THE ABOVE NAMED FIRM HEREBY MAKES APPLICATION FOR CREDIT AND PROVIDES MICROLITE CORPORATION THE INFORMATION CONTAINED HEREIN, WHICH IS WARRANTED TO BE TRUE AND CORRECT FOR THE PURPOSE OF INDUCING MICROLITE TO MAKE SALES OF GOODS TO IT ON CREDIT. IN CONSIDERATION THEREOF, IT IS AGREED AND UNDERSTOOD THAT: (1) THE UNDERSIGNED IS AN AUTHORIZED AGENT OF THE APPLICANT AND IS DULY EMPOWERED TO ENTER INTO AND MAKE BINDING AGREEMENTS ON ITS BEHALF; (2) ALL ACCOUNT BALANCES ARE DUE AND PAYABLE IN FULL WITHIN 15 DAYS FROM DATE OF INVOICE; (3) A PURCHASE MONEY SECURITY INTEREST IN ALL GOODS AND EQUIPMENT PURCHASED SHALL BE RETAINED BY MICROLITE UNTIL PAYMENT IS RECEIVED; (4) ALL OTHER PROVISIONS OF THE MICROLITE CORPORATION DEALER AGREEMENT SHALL APPLY.**

APPLICANT: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_