

# PHASE-A-MATIC, INC.

## CREDIT APPLICATION

Firm Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Delivery Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type Of Business \_\_\_\_\_ Resale Number \_\_\_\_\_

Name Of Parent Company If Subsidiary \_\_\_\_\_

President, Proprietor Or Partner's Name \_\_\_\_\_

Home Address & Phone \_\_\_\_\_

Accounts Payables Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

At Present Location Since \_\_\_\_\_ Year Established \_\_\_\_\_

Is Business Incorporated? \_\_\_\_\_ If So, Under Laws Of What State? \_\_\_\_\_  
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TRADE REFERENCES: - Give Only Names Of Those You Buy From On Open Account

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

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

Account Number \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
=====

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

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

Account Number \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
=====

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

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

Account Number \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
=====

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

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

Account Number \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
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Bank \_\_\_\_\_ Account Number \_\_\_\_\_

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

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Amount Of Credit Applied For \_\_\_\_\_

Our Terms Are NET-30. Payment Is Due Not Later Than 30 Days After Invoice Date.

Name \_\_\_\_\_ Title \_\_\_\_\_

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

FOR OFFICE USE ONLY:

Credit Approved By:

Limit:

Date:

**Print this page and fax the completed form to Phase-A-Matic at 1-661-947-8764, or mail to us at:  
Phase-A-Matic, Inc., 39360 3rd St. E., Ste. 301, Palmdale, Ca. 93550-3255**