

Strata-Tac 3980 Swenson Ave

St. Charles, IL 60174 USA

Phone (630) 879-9388
Phone (800) 884-9388
Fax (630) 879-9452
Web www.stratatac.com

## **CREDIT APPLICATION**

Date:	Business Name:		
Phone:			
E-mail:			
•			
Shipping Address:			
d/b/a:		FEI	N:
State of Incorporation:		Date of Incorporation	on:
Line of Credit Requeste	ed: \$	(US Dollars)	
Dun & Bradstreet Numb	oer:		
Parent Company:			_
Type of Business: Date Established: _		<del> </del>	
Ownership: Sole Owne	er	Partnership	Corporation
Principal:			
(Name)	_		(Phone)
Principal:			
(Name)			(Phone)



Company:	Company:	
Company: Address:	Addrace:	
		/ 7in:
City / State / Zip:	Phone:	/ Zip:
Phone: Fax:	FOV:	
E-mail:	L-maii	
Company:	Company: _	
Address:	Address:	
City / State / Zip:	City / State /	<sup>/</sup> Zip:
Phone:	Phone:	
Fax:	F3V:	
E-mail:	E-mail:	
Bank References: Checking	Loan	Savings
(name) (addr	ess)	(contact)
No Yes  If yes, Explain:  1 Will you accept invoices via ema 2 If yes, please provide an email a 3 Accounts Payable Contact: 4 Note: Please provide your signe 5 Orders will not be placed until so Please also complete the enclose 6 Are purchase orders required on 7 Please return these pages by fa	ail? Yes address for invoices:  ed sales tax exemption certificate is completed ales tax certificate is completed by the sed / following w-9 and return your invoices?	Phone:icate immediately. te. n it with this application. es No
The undersigned agrees to the following to	erms:	
Standard account terms are NET 30. will not be accepted without a Return signature attests financial responsibility, with the invoice terms. The above warranted to be true. We hereby au pertaining to my/our credit and financial re	n Materials Authorization to ability and willingness to information is for the pur thorize Strata-Tac, Inc. to	from Strata-Tac, Inc. Applicant's pay our invoices in accordance pose of obtaining credit and is
(signature)	(title)	(date)