

CREDIT APPLICATION FOR A BUSINESS ACCOUNT
C.E.M. SUPPLY, INC.
178 W. GARFIELD ROAD
COLDWATER, MI 49036
TELEPHONE: 517-278-2611
FAX: 517-278-8766

FOR OFFICE USE ONLY
APPROVED: _____
INITIAL: _____
DATE: _____
ACCOUNT #: _____

BUSINESS CONTACT INFORMATION

Title: _____

Company Name: _____

Telephone: _____ Fax: _____

E-Mail: _____

Registered Company Address: _____

City: _____ State: _____ Zip Code: _____

Date Business Commenced: _____

Sole Proprietorship: _____ Partnership: _____ Corporation: _____ Other: _____

BUSINESS AND CREDIT INFORMATION

Primary Business Address: _____

City: _____ State: _____ Zip Code: _____

How Long at Current Address? _____

Telephone: _____ Fax: _____

E-Mail: _____

BANKING INFORMATION

Bank Name: _____

Bank Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Type of Account: Savings Checking Other Account Number: _____

BUSINESS/TRADE REFERENCES

We **must** have fax numbers for your references to process this credit request Thank You

Company Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____ E-Mail: _____
Type of Account: _____

Company Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____ E-Mail: _____
Type of Account: _____

Company Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____ E-Mail: _____
Type of Account: _____

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize **C.E.M. Supply, Inc.** to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature: _____ Signature: _____

Print Name: _____ Print Name: _____

Title: _____ Title: _____

Date: _____ Date: _____