CREDIT APPLICATION

PHASE-A-MATIC, INC.
229 E. Ave K-8 Ste. 113
Lancaster, CA 93535
PHONE: 661-947-8485, FAX: 661-947-8764
E-MAIL: info@phase-a-matic.com

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?_____

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_____

==========

BANK_____ACCOUNT NUMBER_____

ADDRESS_____CITY_____STATE_____ZIP_____

==========

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: