



CREDIT APPLICATION

CONTACT INFORMATION

Company name		Controller	Duns #
Primary Owner(s) Name or Public Stock Symbol			
A/P Phone	A/P Fax	A/P Contact	A/P e-mail
Address			
City	State		ZIP Code
FEIN	Sales Tax Exempt No. (attach certificate)		Years in Business
Attach Sales Tax Exemption Certificate			
Attach name, address and FEIN of companies with common ownership of 30% or more or if none, check here _____			
Credit Requested: Amount \$ _____		Terms: Net 30	
All past due accounts are subject to interest at 21% APR			

BANK REFERENCE

Bank	Officer
Address:	Phone
	Fax
Account No.	e-mail

CREDIT REFERENCES

Company		Company	
Address		Address	
Contact		Contact	
Phone	Fax	Phone	Fax
Company		Company	
Address		Address	
Contact		Contact	
Phone	Fax	Phone	Fax

I authorize Azimuth Custom Extrusions, LLC to contact the above bank and references to verify the informaiton provided and to obtain credit history information. I acknowlede receipt and acceptance of Azimuth Custom Extrusions, LLC "Terms and Conditions".

SIGNATURE AND CONTACT INFORMATION

Officer Signature		Title	Date
Print Name of Signator			
Phone		Fax	