



CREDIT APPLICATION

Company Information - Please fill out this section in it's entirety & sign the back.

Company Name _____
 Address _____
 City _____ ST _____ Zip Code _____
 Telephone Number _____ Fax Number _____
 State of Incorporation _____
 Type of Company _____ D&B Number _____
 Exempt Certificate _____ Resale Number _____
 (Please attach copy) (Please attach copy)
 Accounting Contact _____ Purchasing Contact _____
 Accounting Contact Phone _____ Purchasing Contact Phone _____
 Accounting Contact Email _____

Delivery Address (If Different from billing address above)

Address _____
 City _____ ST _____ Zip Code _____
 Telephone Number _____ Fax Number _____

Bank Reference

Name of bank _____
 Address _____
 City _____ ST _____ Zip Code _____
 Telephone Number _____ Fax Number _____
 Contact Name _____ Account Number _____

Credit Reference

Company Name _____
 Address _____
 City _____ ST _____ Zip Code _____
 Telephone Number _____ Fax Number _____
 Contact Name _____ Email _____

Company Name _____
 Address _____
 City _____ ST _____ Zip Code _____
 Telephone Number _____ Fax Number _____
 Contact Name _____ Email _____

Company Name _____
 Address _____
 City _____ ST _____ Zip Code _____
 Telephone Number _____ Fax Number _____
 Contact Name _____ Email _____



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Company Information

Submitted By: _____
Authorized Signature: _____
Print Name _____
Title _____ Date _____

Ellison Technologies, Inc.
9912 South Pioneer Blvd
Santa Fe Springs, CA 90670
562.949.8311

Attention: Accounts Receivable/Credit Department
ar@ellisontechnologies.com

Please remember to sign and date the application