



Application for Credit

Thank you for your interest in purchasing from ETM. In order to set you up as a customer promptly, please provide the following information as well as the documents requested below.

Date: _____	Firm Name: _____
Address: _____	
City: _____	St: _____ Zip: _____
Phone: _____	Fax: _____
Year Established: _____	At Present Location Since: _____ Website Address: _____
Description of Business: _____	
Sales Tax Exemption Certification #: _____	DUNS #: _____
A/P Contact Name : _____	A/P Email Address : _____
A/P Phone Number: _____	A/P Fax Number : _____

Trade References	
Name _____	
Address: _____	City/St/Zip : _____
Phone: _____	Contact: _____
Name: _____	
Address: _____	City/St/Zip: _____
Phone : _____	Contact: _____

Bank Reference	
Bank Name: _____	
Address: _____	
Phone: _____	Contact : _____

