



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: Parts Department
Email: parts@ellisontechnologies.com

Please remember to sign and date the application