

Premier O&P Fabrication Customer Credit Application

Company Information

Legal Company Name:..... Contact:
Address
City State Zip
Telephone () Fax ()

Remittance Address if different from above
City State Zip

Business Type: In the State Of Inc. ___ Partnership ___ Sole Proprietor ___ Other _____

Name of Owner: Person in Payables:
Payables Phone: Payables Email:

Tax Exempt Number: NO ___ YES ___ (If YES, provide Tax Exempt Certificate)

Do you require Purchase Orders? YES ___ NO ___

Bank Information: (for monthly invoicing)

Bank Name
Address
City State Zip
Phone: () Fax: () Account #

Credit (Trade/Vendor) References: (for monthly invoicing)

Name	Name
Address	Address
City, State, Zip	City, State, Zip
Phone () Fax ()	Phone () Fax ()

Credit Card Information: (for credit card invoicing)

Credit and Debit Card information will be verified for security purposes.

Cardholder Name:
Card #: Expiry Date:
Credit Card Type: Debit or Credit:

Terms and Conditions: Standard Terms are Net 30

I the applicant authorize Premier O&P Fabrication to obtain any information from the above listed credit and bank references.

Signature _____ Date : _____