



STORM COPPER COMPONENTS, Co.

Confidential Credit Application – to be completed by Customer

Company Information

Name of Business:			Phone:
Address:			Fax:
City:	State:	ZIP:	Email:
General Description/Nature of Business:			In Business Since:
Legal Form Under Which Business Operates:			
Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other <input type="checkbox"/>			
If Division/Subsidiary, Name of Parent Company:			In Business Since:
Tax I.D. Number		State of Incorporation	
D&B Account #	Billing Contact:	Phone:	Fax:

Bank References

Institution Name:	Address:
Account #:	Type of Account:
Contact Name :	Email address:
Phone:	Fax:

Trade References See Attached List or complete section below

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Fax:	Fax:	Fax:

I hereby certify that the above information is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to disclose any and all information necessary to complete your evaluation of our financial and credit history.

Signature

Title

Date