



Toll Free: (888) 824-6608 Email: sales@interfaceoptics.com

BUSINESS CREDIT APPLICATION

Name/Address

Last:	First:	Middle Initial:	Title
Name of Business:			Tax I.D. Number
Address:			
City:	State:	ZIP:	Phone: Fax:
E-mail Address(required):			
Website (if applicable):			

Company Information

Type of Business:	In Business Since:
Legal Form Under Which Business Operates:	
State/Province:	Corporation Partnership
Proprietorship	
If Division/Subsidiary, Name of Parent Company:	In Business Since:
Number of Employees:	
Name of Company Principal Responsible for Business Transactions:	Title:
Address: City: State: ZIP: Phone: Fax:	
Name of Company Principal Responsible for Business Transactions:	Title:
Address: City: State: ZIP: Phone: Fax:	

Bank References

Institution Name:	Institution Name:	Institution Name:
Checking Account #:	Savings Account #:	Home Equity Loan: Loan Balance:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Fax:	Fax:	Fax:

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Fax:	Fax:	Fax:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

Financial Information

Company Total Assets	Company Total Liabilities	Annual Net	Amount of Credit Requested:
Income			
Have you or your officers or affiliates ever filed a petition in bankruptcy? Yes No			
Is your company subject to any litigation? Yes No If so, describe:			