

# AUTOMATIC DEVICES COMPANY

2121 s 12<sup>TH</sup> St, Allentown, PA 18103 Phone 610-797-6000 Fax 610-797-4088

## APPLICATION FOR CREDIT

PLEASE TYPE OR PRINT LEGIBLY

DATE \_\_\_\_\_

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City and State \_\_\_\_\_

Zip Code \_\_\_\_\_

Shipping Address (if different from above) \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Ownership: Individual[ ]

Partnership[ ]

Corporation[ ]

Individual to contact: \_\_\_\_\_

Name & Title \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

Type of Business \_\_\_\_\_

Number of Years \_\_\_\_\_

Former Business Name and Address (if different from above) \_\_\_\_\_

Estimated Yearly Purchases from Automatic Devices Company: \$ \_\_\_\_\_ \$ \_\_\_\_\_  
High Average

Bank Name & Address \_\_\_\_\_

### PLEASE LIST FIVE TRADE REFERENCES

If you are a U.S. firm, please supply out-of state references. If you are not a U.S. firm, please supply U.S. references

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

We (I) agree to pay all interest charges and collection charges if this account becomes delinquent

Signature \_\_\_\_\_

Name (please print or type) \_\_\_\_\_