

**COMPANY INFORMATION**

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

Company Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Signer \_\_\_\_\_

Title \_\_\_\_\_

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

(     )

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

(     )

Nature of Business \_\_\_\_\_

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

Tax I.D. # \_\_\_\_\_

No. of Years in Business \_\_\_\_\_

Type of Ownership

 Proprietorship

 Corporation

 Partnership

 Non-Profit

**COMPANY BANK REFERENCES – TWO YEAR HISTORY**

Name of Bank/Branch \_\_\_\_\_

How Long? \_\_\_\_\_

 Chkg. Acct. #  
 Loan Acct. #

Telephone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Contact Officer \_\_\_\_\_

Name of Bank/Branch \_\_\_\_\_

How Long? \_\_\_\_\_

 Chkg. Acct. #  
 Loan Acct. #

Telephone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Contact Officer \_\_\_\_\_

Name of Bank/Branch \_\_\_\_\_

How Long? \_\_\_\_\_

 Chkg. Acct. #  
 Loan Acct. #

Telephone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Contact Officer \_\_\_\_\_

**TRADE REFERENCES – TWO YEAR HISTORY**

Name of Supplier \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Telephone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Contact Person \_\_\_\_\_

Name of Supplier \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Telephone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Contact Person \_\_\_\_\_

Name of Supplier \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Telephone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Contact Person \_\_\_\_\_

**NAME(S) OF PRINCIPALS - IF APPLICABLE, NON CORPORATIONS ONLY**

Name \_\_\_\_\_

Title \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

How Long? \_\_\_\_\_

Home Phone \_\_\_\_\_

Own or Rent? \_\_\_\_\_

(     )

Previous Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Annual Personal Income? \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

How Long? \_\_\_\_\_

Home Phone \_\_\_\_\_

Own or Rent? \_\_\_\_\_

(     )

Previous Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Annual Personal Income? \_\_\_\_\_

Date of Birth \_\_\_\_\_

**CUSTOMER INFORMATION**

1. NO. OF YEARS EXPERIENCE OWNER/CEO HAS IN THIS LINE OF BUSINESS \_\_\_\_\_
2. NO. OF YEARS IN BUSINESS AT CURRENT ADDRESS \_\_\_\_\_
3. NO. OF EMPLOYEES \_\_\_\_\_
4. APPROXIMATE ANNUAL SALES OF BUSINESS \$ \_\_\_\_\_
5. PROFITABLE  Yes  No

THE FOLLOWING ITEMS WILL HELP EXPEDITE APPROVAL AND ASSURE THE LOWEST POSSIBLE PAYMENT.

1. Complete and signed application.
  2. Full personal guarantor information, if non-corporation.
- FAX COMPLETED APPLICATION TO: (510) 264-5371

I CERTIFY THAT THE ABOVE IS CORRECT AND I AUTHORIZE METRIC EQUIPMENT SALES, INC. TO USE THE ABOVE INFORMATION AND AUTHORIZE THE COMPANIES AND AGENCIES TO RELEASE INFORMATION FOR THE PURPOSE OF ESTABLISHING A CREDIT LINE.

Signature \_\_\_\_\_

X

Date: \_\_\_\_\_