

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. AND/OR ITS ASSIGNEES OR DESIGNEES TO USE THE ABOVE INFORMATION AND AUTHORIZE THE COMPANIES AND AGENCIES TO RELEASE INFORMATION TO METRIC EQUIPMENT SALES, INC. AND/OR ITS ASSIGNEES OR DESIGNEES FOR THE PURPOSE OF ESTABLISHING A CREDIT LINE..

Signature

X

Date: _____