



ADAPTIVE TECHNOLOGIES GROUP

CREDIT APPLICATION

Email to: accounting@adaptivetechologiesgroup.com

Business Name: _____ Date: _____

Street Address: _____ Tel: _____

City/State/ZIP: _____ Fax: _____

Contact: _____ Years in Business: _____

E-Mail Address: _____ Ship COD? Yes/No: _____

TYPE OF BUSINESS: *(If incorporated, list names of officers)*

President/Owner: _____ Corporation

Vice-Pres: _____ Partnership

Secretary: _____ Proprietorship

Treasurer: _____ Other (Specify)

Bank Name: _____ Tel: _____

Account No: _____ Contact: _____

List three suppliers with whom you have established credit:

Name	Address	Telephone/Fax Numbers
		(T)
		(F)
		(T)
		(F)
		(T)
		(F)

Credit Requested: _____ Credit Approved: _____

Our principal business is: _____

Authorized By: _____ Date: _____

Office use only do not write below this point							
Cust. #	Terms	Approved By	Confirmed By	Category Code	Sales Code	Class Code	Lit. Sent