

SALTRONIX, INC.
Instrumentation Service Center

114 N. Washington Ave.
Odessa, TX 79761-5454
www.saltronix.com

Ph. (432) 334-6002
Fax: (432) 334-6011

Business Credit Application

Application must be completed, dated and signed. Please print or type.

Parent Company Info:

Company Name							
P.O. Box		Suite		City		State	Zip
Street Address				City		State	Zip
Telephone			Ext.		Fax		

Billing (If Different):

Company Name							
P.O. Box		Suite		City		State	Zip
Street Address				City		State	Zip
Telephone			Ext.		Fax		
Contact For Accts. Payable							

Shipping (If Different):

Street Address		City		State		Zip	
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Legal Entity:

<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> Government Entity
Names Of Partners Or Officers			
Are P.O. Numbers Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Verbal <input type="checkbox"/> Other _____
Are You Taxable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(If not, please include a copy of your state tax exempt/resale certificate.)
Federal I.D. Number			
Dun & Bradstreet Number			

Proprietorship Information:

Social Security Number Of Owner	
Driver License Number Of Owner	State
How Long In Business?	

Bank Information:

Bank Name					
Address		City		State	Zip
Telephone		Ext.			
Bank Officer					
Checking Acct. Number		Date Opened			
Savings Acct. Number		Date Opened			

Credit References:

Company Name					
Address		City		State	Zip
Telephone					
Acct. Number					
Contact		Ext.			

Company Name					
Address		City		State	Zip
Telephone					
Acct. Number					
Contact		Ext.			

Company Name					
Address		City		State	Zip
Telephone					
Acct. Number					
Contact		Ext.			

Date ____ / ____ / ____

Printed Name Of Authorized Agent Or Officer _____

Signature Of Authorized Agent Or Officer _____