

CREDIT APPLICATION

PROTO FAB INC.
685 E. GLENDALE AVE.
SPARKS, NEVADA 89431
PH: (775) 359-9100 FAX: (775) 359-8011

COMPANY NAME:		PHONE:	
ADDRESS:		FAX:	
CITY/ST/ZIP:	COUNTY:	RESALE #	
SHIP TO ADDRESS:		CREDIT LIMIT REQ:	
CITY/ST/ZIP:		COUNTY:	
CONTACT:	YEARS IN BUS:	YEARS THIS ADDRESS:	P.O. REQUIRED
FOR: PARTNERSHIP: _____ INDIVIDUAL: _____ CORPORATION: _____ INCORPORATED LAST 12 MONTHS: _____			
NAMES OF OWNERS, PARTNERS OR OFFICERS			
NAME		TITLE	
Accounts Payable Contact:			
TRADE REFERENCES:			
NAME	ADDRESS	PHONE	FAX
BANK INFORMATION:			
BANK:		BANK:	
BRANCH:		BRANCH:	
PHONE:	ACCT.#	PHONE:	ACCT.#
I (WE) CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, AND THAT WE CAN AND WILL COMPLY WITH YOUR TERMS.			
SIGNATURE:		TITLE:	DATE:

For Company use only: Salesman:	Order Pending: ___ Yes ___ No If yes, amount: _____
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