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Credit Application

Customer Information:

Company Name: _____

Address: _____

Phone Number: _____

Fax: _____

Website: _____

Name of Company President/CEO: _____

Name of Accounts Payable Contact: _____

Title: _____

E-mail: _____

Phone Number: _____

Federal Tax ID: _____

State and Date of Company Incorporation: _____

Number of Years at Current Location: _____

Name of Person Completing This Form: _____

Title: _____

E-mail: _____

Phone Number: _____

Signature: _____ Date: _____

Bank Information:

Bank Name: _____

Address: _____

Phone: _____

Contact Name: _____

Title: _____

E-mail: _____

Trade References:

1) Company Name: _____

Contact Name: _____

Title: _____

E-mail: _____

Phone Number: _____

2) Company Name: _____

Contact Name: _____

Title: _____

E-mail: _____

Phone Number: _____

3) Company Name: _____

Contact Name: _____

Title: _____

E-mail: _____

Phone Number: _____