



26674 Liberal
Centerline, Mi. 48015
1-800-421-3374
1-586-755-1618 Fax

Customer Credit Application

Customer Information

Firm Name : _____ **Phone:** _____

Contact Name: _____ **Fax:** _____

Mailing Address: _____

Shipping Address: _____

Type of Business: ___ Corp ___ Individual ___ Partnership

Tax ID #: _____

Bank Name: _____ **Phone: (____)** _____

Bank Address: _____

Bank Account #: _____ **Account Rep:** _____

Trade References

1) **Company Name:** _____ **Phone: (____)** _____
Address: _____

2) **Company Name:** _____ **Phone: (____)** _____
Address: _____

3) **Company Name:** _____ **Phone: (____)** _____
Address: _____

We certify that all the information on this form is correct. We fully understand Barsanco's credit terms and agree to the proper payment in consideration of extended credit.

Signed: _____

Title: _____ **Date:** _____