



www.tensile.com

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 Cleveland OH 44125
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sales@tensile.com

Credit Application

Date:

COMPANY NAME:	<input type="text"/>
ADDRESS:	<input type="text"/>
CITY/STATE/ZIP:	<input type="text"/>
PHONE:	<input type="text"/>
FAX:	<input type="text"/>
E-MAIL:	<input type="text"/>
ACCTS PAY CONTACT:	<input type="text"/>

Years in Business: Type of Business: Est. Monthly Purchases:

CHECK BUSINESS ORGANIZATION

<input type="checkbox"/> CORPORATION	Officers: <input type="text"/>
<input type="checkbox"/> SUBSIDIARY	Name: <input type="text"/>
<input type="checkbox"/> DIVISION	Name: <input type="text"/>
<input type="checkbox"/> PROPRIETORSHIP	Owner: <input type="text"/>
<input type="checkbox"/> PARTNERSHIP	Name: <input type="text"/>

TRADE REFERENCES

Name: <input type="text"/>	Address: <input type="text"/>
Name: <input type="text"/>	Address: <input type="text"/>
Name: <input type="text"/>	Address: <input type="text"/>

BANK REFERENCE

Name: Address:

City/State/Zip:

Account#: Phone:

THE ABOVE INFORMATION IS OFFERED FOR CONFIDENTIAL CREDIT INVESTIGATION. IF AWARDED, I (WE) ACCEPT YOUR TERMS OF 1% TEN DAYS, NET 30 DAYS FROM DATE OF INVOICE, AND LATE CHARGES OF 1.5% PER MONTH ON PAST DUE AMOUNTS (18% APR).

Signature: Title: