



Customer Credit Application

COMPANY NAME	
MAIN ADDRESS	TAX ID NUMBER
CITY	STATE/ZIP
PHONE	FAX
IF DIVISION OR SUBSIDIARY, PLEASE PROVIDE	NAME/ADDRESS OF PARENT COMPANY
ACCOUNTS PAYABLE CONTACT NAME	
AP EMAIL ADDRESS	
WHERE SHOULD ACE WIRE INVOICES BE SENT	

Bank Reference

BANK NAME	ACCOUNT #
BANK ADDRESS	
BANK CONTACT	BANK CONTACT EMAIL
PHONE	FAX

-Please continue to next page-



Customer Credit Application

Trade Reference #1

Company Name:	
Contact Name:	
Email:	
Phone #:	
Fax:	

Trade Reference #2

Company Name:	
Contact Name:	
Email:	
Phone #:	
Fax:	

Trade Reference #3

Company Name:	
Contact Name:	
Email:	
Phone #:	
Fax:	

I certify that the information provided is complete and accurate. This information has been provided with the understanding that it is to be used to determine the amount and terms of the credit to be extended.

I authorize the financial institutions and companies listed to release necessary information to ACE WIRE SPRING & FORM CO. INC., to verify the information contained in this document.

Authorized Signature: _____

Date: _____

Print Name: _____

Date: _____

Please return completed credit application to dcopeland@acewirespring.com