



MAKERS OF  ACUSHNET RUBBER
O RINGS • SEAL RINGS • CUSTOM ELASTOMER SOLUTIONS

CREDIT APPLICATION

DATE _____

From:
Name of firm _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Sales Tax Number _____

We request a credit account with PRECIX, INC., for average monthly
Purchases of \$ _____ and offer the following:

GENERAL INFORMATION

We are engaged in the business of: _____

This business was established in (month) _____ (year) _____
and is presently a _____ Corporation in the state of _____
_____ Partnership
_____ Proprietorship

The owners, partners and/or officers are:

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

FINANCIAL INFORMATION

Financial statement dated _____ is attached.

NOTE: If prepared financial statement is not available at this time, your courtesy in providing approximate financial figures would be most helpful.

CREDIT REFERENCES

We have regular credit accounts with the following and authorize you to contact them for necessary credit information.

Name _____
Address _____
City _____ State _____ Zip _____
Phone number _____ Fax number _____

Name _____
Address _____
City _____ State _____ Zip _____
Phone number _____ Fax number _____

Name _____
Address _____
City _____ State _____ Zip _____
Phone number _____ Fax number _____

Bank reference _____
Address _____
City _____ State _____ Zip _____
Phone number _____ Fax number _____

Submitted by: _____