



ASM Corporation Credit Application

Accurate Screw Machine Corporation

Name/Address

Business of Corporate Name:	Date:			
Street Address:	Federal I.D. Number			
Mailing Address:				
City:	State:	ZIP:	Phone:	Fax:

Company Information

Type of Business:	In Business Since:			
Legal Form Under Which Business Operates:				
Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/>		
If Division/Subsidiary, Name of Parent Company:	In Business Since:			
Name of Company Principal Responsible for Business Transactions:	Title:			
Address:	City:	State:	ZIP:	Phone:
Name of Company Principal Responsible for Business Transactions:	Title:			
Address:	City:	State:	ZIP:	Phone:

A/P Contact

Person our credit department should contact concerning payment questions:	
A/P Phone Number:	A/P Fax Number:
A/P E-Mail:	

Bank References

Institution Name:	Contact:
Account #:	
Address:	
Phone:	Fax:



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Trade References

Company Name:	
Contact Name:	
Address:	
Phone:	Fax:
Company Name:	
Contact Name:	
Address:	
Phone:	Fax:
Company Name:	
Contact Name:	
Address:	
Phone:	Fax:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature

Date