



HALEX COMPANY

23901 Aurora Road
Cleveland, Ohio 44146

Phone: 440/439/1616 **Fax:** 440/439/1792

CREDIT APPLICATION

Company Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Number of Employees _____

Fax: _____ Federal I.D. Number: _____

Dunn & Bradstreet Number: _____

State of Incorporation (If not Incorporated, Type of Entity): _____

President/Owner: _____

Financial Officer/Controller: _____

A/P Manager & Buyers: _____

Type of Business: _____

How Long in Business: _____ Total Annual Sales: \$ _____

Estimated Annual Purchase of Halex Product: _____

Bank Reference: _____ Contact Name: _____

Phone Number: _____ Account Number: _____

Trade References (Minimum of 3):

Name: _____

Address: _____

Phone: _____

Fax: _____

Contact: _____

PLEASE SUBMIT VIA FAX OR MAIL TO THE ADDRESS ABOVE THE TAX EXEMPT CERTIFICATE & FINANCIAL STATEMENT FOR THE PAST TWO YEARS, BANK & CREDIT REFERENCES ARE AUTHORIZED TO RELEASE CREDIT INFORMATION TO THE HALEX COMPANY.

Officer's Signature & Title

Date: _____