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## CUSTOMER CREDIT APPLICATION

CUSTOMER NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP CODE: \_\_\_\_\_  
TELEPHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

STATE & YEAR INCORPORATED: \_\_\_\_\_  
PRESIDENT: \_\_\_\_\_ CFO: \_\_\_\_\_  
SALES CONTACT: \_\_\_\_\_ ACCOUNT PAYABLE: \_\_\_\_\_

### TRADE REFERENCES

COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP CODE: \_\_\_\_\_  
CONTACT: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ FAX NO: \_\_\_\_\_

COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP CODE: \_\_\_\_\_  
CONTACT: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ FAX NO: \_\_\_\_\_

COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP CODE: \_\_\_\_\_  
CONTACT: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ FAX NO: \_\_\_\_\_

**BANK REFERENCE:** \_\_\_\_\_ A/C NO: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP CODE: \_\_\_\_\_  
CONTACT: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ FAX NO: \_\_\_\_\_

AUTHORIZATION: To induce Haydon Corporation, to extend a line of credit for purchases under sales terms and conditions as stated on invoices, we hereby authorize Haydon Corporation to contact and investigate any or all credit references listed above.

**If granted credit by Haydon Corporation, we (I) agree to pay all invoices according to Haydon's Terms. We (I) also agree to pay all Financial charges, Collection/Legal expenses for delinquent payments.**

Signed By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_