



CREDIT APPLICATION - OMEX Industries

BUSINESS CONTACT INFORMATION			
Name and Title:			
Sales Representative:			
Company Name:			
Billing Address:			
City:	State:	Zip Code:	
Phone:	Fax:	Email:	
Shipping Address:			
City:	State:	Zip Code:	
Phone:	Fax:	E-mail:	
Ordering Contact Name and Email:		Accounts Payable Name and Email:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:
Tax ID Number:		DUNS Number:	
Credit Limit Desired:			
BANKING INFORMATION			
Bank name:		Contact:	
Bank address:		Phone:	
City:	State:	Zip Code:	
Account Number:			
BUSINESS/TRADE REFERENCES			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
AGREEMENT			

1. All invoices are to be paid 30 days from the date of the invoice.
2. By submitting this application, you OMEX Industries LLC to make inquiries into the banking and trade referenced provided.
3. Include a signed copy of the Company's W-9 with this completed application.

Send completed form to your sales representative.

Signature: _____

Date: _____