



Credit Application

Please type or clearly print all information. Incomplete forms will delay credit process. For faster processing, fax the completed form to 1-703-591-9780.

COMPANY INFORMATION: [] Private [] Proprietorship [] Corporation [] Other _____

Company Name: _____

Address: _____

City State/Country, Postal/ZIP Code: _____

Telephone Number: _____

Is this a branch office or subsidiary? [] Yes [] No.

If yes, please provide address and telephone number of Headquarter Location.

Nature of Business: _____ Year Established: _____

Credit Desired: _____ Dunn & Bradstreet #: _____

PRINCIPALS/OFFICERS:

<u>Name(s)</u>	<u>Title</u>	<u>Address</u>	<u>Phone</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

BANK REFERENCES:

Name, Address, & Phone	Account #
1. _____	_____
2. _____	_____

TRADE REFERENCES:

Name, Address, & Phone
1. _____
2. _____
3. _____
4. _____

BILLING SPECIFICATIONS:

Individual and Department to Receive Statement: _____

Address (if different from above): _____

COMPANY AUTHORIZATION:

We hereby authorize Spectrum Systems, Inc., to whom this application is made, or any credit bureau or other investigative agency employed by Spectrum, to investigate any reference herein listed or statements or other data obtained from me or any other person pertaining to our credit or financial responsibility.

Signature Printed Name Title Date

FOR Spectrum Systems, Inc USE ONLY		
Approved:	Date:	Credit Limit: