



**DETROIT
NAME PLATE
ETCHING
COMPANY**

APPLICATION FOR CREDIT FROM DETROIT NAME PLATE ETCHING CO.

10610 Galaxie Ave., Ferndale, MI 48220 (248) 543-5200 Fax: (248) 543-5202

Account Name: _____ Email Address: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Office Phone No.: _____ Fax No: _____ A/P Contact: _____

Nature of Business: _____ Date Established: _____

Proprietorship Partnership Corporation Division

Principal Owner(s) or Officer(s) are:

Name / Title: _____ Residence Address: _____

Residence or Mobile Phone: _____ Email Address: _____

Name / Title _____ Residence Address: _____

Residence or Mobile Phone: _____ Email Address: _____

CREDIT CARD INFORMATION (If paying by credit card):

Account No. _____ Exp: _____ Visa MasterCard AmEx Discover

Name on Card: _____ PIN _____

Number of Employees: Office _____ Shop _____

Do you own the building where the business is located? Yes No

Dun & Bradstreet Number _____ Rating _____ Credit Line Required _____

Trade References _____ Address _____ Fax / Email _____

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

BANK REFERENCE:

Bank Name _____ Address _____ Phone _____

Bank Officer _____ Account Number(s) and Type _____

Please supply your current financial statement (please attach).

The undersigned certifies that the above information is correct, and that it is submitted for the purpose of obtaining credit, and agrees to comply with all terms and conditions, as set forth upon the reverse side of this application. If the applicant is a corporation, the undersigned agrees to be personally responsible for payment of the account.

Authorized Signature _____ Date _____

Print Name/Title _____