

Application For Credit

Measurement Specialties, Inc.

20630 Plummer Street • Chatsworth, CA 91311

tel: 800.423.5483 • 818.701.2750 • fax: 818.701.2799

Application is hereby made for the extension of credit:

BUSINESS NAME: _____

PHONE: _____

D & B#: _____

FAX: _____

Tax ID#: _____

eMAIL: _____

BILLING ADDRESS

(Street • PO Box)

(City)

(State)

(Zip)

SHIPPING ADDRESS

(Street)

(City)

(State)

(Zip)

ACCOUNTS PAYABLE DEPT

(Contact)

(Title)

(Phone No.)

BANK

(Bank Name / Branch)

(Address)

(Bank Account No.)

(Bank Contact) (Phone No.)

FORM OF BUSINESS: *(Check Applicable Box)*

- Proprietorship Partnership Distributor Other: _____
 Corporation Broker Trading Co.

SOCIAL SECURITY #: _____
(Of Owners if not a Corporation)

LENGTH OF TIME COMPANY HAS BEEN IN BUSINESS _____ *(YEARS)*

TRADE REFERENCES: *(Minimum of 3 Are Requested)*

Vendor Name: _____
Address: _____
Telephone: _____
Fax: _____

THIS IS NOT A PERSONAL GUARANTEE:

I hereby represent that I am authorized to submit this application on behalf of the customer named above, and that the information provided is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize to investigate the references listed pertaining to my/our credit and financial responsibility. It is agreed and understood that all necessary collection and legal expenses and interest (at 18% per year) may be charged to debtor in the event of default or failure to pay for goods sold and delivered. I further represent that the customer applying for credit has the financial ability and willingness to pay all invoices with established terms.

By: _____ *(Title)* _____ *(Date)*

By: _____ *(Title)* _____ *(Date)*

Exempt Organization Sales Tax Certificate No.: _____ **Expires:** _____

(Office Use Only)