



AUTOMATION TECHNOLOGY, INC.
APPLICATION FOR CREDIT

COMPANY PROFILE:

Company Name _____ Taxpayer ID # _____
 Billing Address _____ *Resale Number _____
 City, State, Zip _____ Year Established _____
 Shipping Address _____
 City, State, Zip _____ Fax Number _____
 Phone Number _____ Fax # (AP Dept) _____

*If applicable, please include copy of sales tax resale certificate with application.

COMPANY OWNERSHIP:

Ownership.....[] Proprietorship [] Partnership [] Incorporated State _____ Year _____
 Owners/Officers: _____ () _____ SS # _____
 _____ () _____ SS # _____
 Controller....._____ Accounts Payable Contact _____

NOTE: OUR STANDARD PAYMENT TERMS ARE **NET 15 DAYS** FROM DATE OF INVOICE. IF YOUR COMPANY DESIRES OTHER TERMS, PLEASE CALL THE OFFICE AND SPEAK TO ACCOUNTS RECEIVABLE ABOUT THIS.

Signature of acceptance of above terms _____
 Signature _____

 Title Date

Credit Department Use Only: Account No. _____ Date Opened ___/___/___ Credit Limit _____



AUTOMATION TECHNOLOGY, INC.
REFERENCES

Trade References: (Industry References Preferred)

Name _____
Address _____
City, State, Zip _____
Phone _____ Fax: _____

Name _____
Address _____
City, State, Zip _____
Phone _____ Fax: _____

Name _____
Address _____
City, State, Zip _____
Phone _____ Fax: _____

Bank Reference:

Name _____
Address _____
City, State, Zip _____
Phone _____
Account # _____