



CLEVELAND BLACK OXIDE

QUALITY METAL FINISHING SOLUTIONS

Name/Address			
Last:	First:	Middle Initial:	Title:
Name of Business:			Tax I.D.:
Address:			
City:	State:	Zip:	Phone:
Company Information			
Type of Business:			In Business Since:
Legal Form Under Which Business Operates: Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/>			
If Division/Subsidiary, Name of Parent Company:			In Business Since:
Name of Company Principal Responsible for Business Transactions:			Title:
Address:			
City:	State:	Zip:	Phone:
Name of Company Principal Responsible for Business Transactions:			Title:
Address:			
City:	State:	Zip:	Phone:
Bank References			
Institution Name:	Contact Name:	Contact Name:	
Checking Account #:	Contact Email Address:	Contact Email Address:	
Address:	Contact Phone:	Contact Phone:	
Account Opened Since:			
Trade References			
Company Name:	Company Name:	Company Name:	
Contact Name:	Contact Name:	Contact Name:	
Address:	Address:	Address:	
Phone:	Phone:	Phone:	
Account Opened Since:	Account Opened Since:	Account Opened Since:	
Credit Limit:	Credit Limit:	Credit Limit:	
Contact Email Address:	Contact Email Address:	Contact Email Address:	

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature

Title

Date