

Send completed form to: act@perfectclean.com **or** fax to: 847 972 1566 Questions - call 888 920 0370

CREDIT APPLICATION

CUSTOMER INFORMATION (ALL information must be provided)

Name of Business: _____

AP Contact: _____

Bill To Address: _____

Direct Phone # _____

800 / toll Free Numbers are not acceptable

Fax # _____

Ship To Address: _____

Corporation Partnership Individual

If a division/subsidiary, name of parent company: _____

Type of Business: _____

E-mail: _____

Estimated monthly purchases: _____

How long in business: _____

Amount of credit requested: _____

Employees: _____

Dun & Bradstreet account # _____

FID # _____

Can financial statements be supplied: YES NO

SIC # _____

BANK INFORMATION (please include all account #'s)

CHECKING

Name: _____

Account # _____

Address: _____

Phone # _____

800 / toll Free Numbers are not acceptable

Fax # _____

E-mail: _____

(3) Business Material Suppliers (business relations 1+ years)

Company: _____

Phone # _____

Contact: _____

800 / toll Free Numbers are not acceptable

Address: _____

Fax # _____

Accounting Contact E-mail: _____

Company: _____

Phone # _____

Contact: _____

800 / toll Free Numbers are not acceptable

Address: _____

Fax # _____

Accounting Contact E-mail: _____

Company: _____

Phone # _____

Contact: _____

800 / toll Free Numbers are not acceptable

Address: _____

Fax # _____

Accounting Contact E-mail: _____

I HEREBY AUTHORIZE UMF CORPORATION TO CONTACT ANY OR ALL OF THE ABOVE BANKS AND TRADE REFERENCES FOR CREDIT VERIFICATION PURPOSES.

INFORMATION GIVEN BY: _____
Please Print

TITLE: _____ DATE: _____
Please Print

Signature