CREDIT APPLICATION

TEVAC INC.

Call: 1-516-777-7800
E-Mail Completed form to:
AcctDept@Tevac-USA.com

BUSINESS CONTACT INFORMATION		
Title:		
Company name:		
Phone:	Fax:	E-mail:
Registered company address:		
City:	State:	Zip Code:

BUSINESS AND CREDIT INFORMATION		
Primary business address:		
City:	State:	ZIP Code:
How long at current address?		
Telephone:	Fax:	E-mail:
Bank Name/Contact:	Bank Account Type & Number:	
Bank Address:	Phone/Fax:	
City:	State:	ZIP Code:

Type of Business: ☐ Injection Molder ☐ Mold Maker ☐ Other _____
☐ Extruder (Compounder, Profile, Blown Film, Sheet, etc.) ☐ If Other please specify above

BUSINESS/TRADE REFERENCES		
Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Contact:	Type of Business:	
Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Contact:	Type of Business:	
Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Contact:	Type of Business:	

SEE TEVAC'S WEBSITE FOR TERMS AND CONDITIONS

DATE	AUTHORIZED SIGNATURE
TITLE	PRINT NAME

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